

**UNIVERSITY OF CAMBRIDGE INTERNATIONAL EXAMINATIONS**  
**GCE Advanced Level**

**MARK SCHEME for the June 2005 question paper**

**9698 PSYCHOLOGY**

**9698/03 Paper 3 (The Specialist Choices), maximum raw mark 70**

This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. This shows the basis on which Examiners were initially instructed to award marks. It does not indicate the details of the discussions that took place at an Examiners' meeting before marking began. Any substantial changes to the mark scheme that arose from these discussions will be recorded in the published *Report on the Examination*.

All Examiners are instructed that alternative correct answers and unexpected approaches in candidates' scripts must be given marks that fairly reflect the relevant knowledge and skills demonstrated.

Mark schemes must be read in conjunction with the question papers and the *Report on the Examination*.

- CIE will not enter into discussion or correspondence in connection with these mark schemes.

CIE is publishing the mark schemes for the June 2005 question papers for most IGCSE and GCE Advanced Level and Advanced Subsidiary Level syllabuses and some Ordinary Level syllabuses.

**Grade thresholds** for Syllabus 9698 (Psychology) in the June 2005 examination.

	maximum mark available	minimum mark required for grade:		
		A	B	E
Component 3	70	50	42	26

The thresholds (minimum marks) for Grades C and D are normally set by dividing the mark range between the B and the E thresholds into three. For example, if the difference between the B and the E threshold is 24 marks, the C threshold is set 8 marks below the B threshold and the D threshold is set another 8 marks down. If dividing the interval by three results in a fraction of a mark, then the threshold is normally rounded down.

June 2005



**GCE A LEVEL**

MARK SCHEME
MAXIMUM MARK: 70
SYLLABUS/COMPONENT: 9698/03 PSYCHOLOGY The Specialist Choices

Page 1	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

Section A

Questions	Description	
(a)	No answer or incorrect answer.	0
	Some understanding, but explanation brief and lacks clarity.	1
	Clear, accurate and detailed and explicit explanation of term.	2
	<b>max mark for part (a)</b>	<b>2</b>
(b)	<i>Part (b) could require <b>one</b> aspect in which case marks apply once. Part (b) could require <b>two</b> aspects in which case marks apply twice.</i>	
	No answer or incorrect answer.	0
	Answer anecdotal or of peripheral relevance only.	1
	Answer appropriate, some accuracy, brief.	2
	Answer appropriate, accurate, detailed.	3
	<b>max mark for part (b)</b>	<b>3 or 6</b>
(c)	<i>Part (c) could require <b>one</b> aspect in which case marks apply once. Part (c) could require <b>two</b> aspects in which case marks apply twice.</i>	
	No answer or incorrect answer.	0
	Answer anecdotal or of peripheral relevance only.	1
	Answer appropriate, some accuracy, brief.	2
	Answer appropriate, accurate, detailed.	3
	<b>max mark for part (c)</b>	<b>3 or 6</b>
<b>Maximum mark for Section A</b>		<b>11</b>

Page 2	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

**Section B**

Questions	Description	
(a)	<b>KNOWLEDGE(1)</b> [Terminology and concepts]	
	Some appropriate concepts and theories are considered. An attempt is made to use psychological terminology appropriately.	1
	Range of appropriate concepts and theories are considered. The answer shows a confident use of psychological terminology.	2
	<b>KNOWLEDGE(2)</b> [Evidence]	
	Some basic evidence is described and/or it is of peripheral relevance only and/or it is predominantly anecdotal.	1
	Appropriate psychological evidence is accurately described but is limited in scope and detail.	2
	Appropriate psychological evidence is accurately described and is reasonably wide ranging and detailed.	3
	Appropriate psychological evidence is accurately described and is wide ranging and detailed.	4
	<b>UNDERSTANDING</b> [What the knowledge means]	
	Some understanding of appropriate concepts and/or evidence is discernible in the answer.	1
	The answer clearly identifies the meaning of the theory/evidence presented.	2
	<b>Maximum mark for part (a)</b>	<b>8</b>
(b)	<b>EVALUATION</b> [Assessing quality of data]	
	The quality of pertinent evidence is considered against one evaluation issue.	1
	The quality of evidence is considered against a number of issues, but is limited in scope and detail.	2
	The quality of evidence is considered against a number of issues and is reasonably wide ranging and detailed.	3
	The quality of evidence is considered against a number of issues and is wide ranging and detailed.	4
	<b>ANALYSIS</b> [Key points and valid generalisations]	
	Key points are identified for a given study (or number of studies) OR across studies, but no valid generalisations/conclusions are made.	1
	The answer identifies key points across studies and valid generalisations/conclusions are made.	2
	<b>CROSS REFERENCING</b> [Compare and contrast]	
	Two or more pieces of evidence are offered for a given issue but the relationship between them is not made explicit.	1
	Two or more pieces of evidence are offered for a given issue and the relationship between them (comparison or contrast) is explicit.	2
	<b>ANALYSIS</b> [Structure of answer]	
	The essay has a basic structure and argument.	1
	Structure sound and argument clear and coherent.	2
	<b>Maximum mark for part (b)</b>	<b>10</b>

Page 3	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

(c)	<b>APPLICATION</b> [Applying to new situations and relating to theory/method] An attempt has been made to apply the assessment request specifically to the evidence. Appropriate suggestion. One basic application.	
	The assessment request has been applied effectively to the evidence. Appropriate suggestion. One or more detailed applications considered.	2
	<b>KNOWLEDGE(2)</b> [Evidence] Basic evidence is referred to but not developed and/or it is of peripheral relevance only and/or it is predominantly anecdotal.	1
	Appropriate psychological theory/evidence is explicitly applied.	2
	<b>UNDERSTANDING</b> [What the knowledge means] Some understanding (of relationship between application and psychological knowledge) is evident in the answer OR there is clear understanding of the suggested application(s).	1
	The answer shows a clear understanding of the relationship between psychological knowledge and the suggested application AND there is clear understanding of the suggested application(s).	2
<b>Maximum mark for question part (c)</b>		<b>6</b>
<b>Maximum mark for Section B</b>		<b>24</b>

Page 4	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

**PSYCHOLOGY AND EDUCATION**

**Section A**

1 (a)	<p><b>Explain, in your own words, what is meant by ‘assessment of educational performance’.</b></p> <p>Typically: standardised assessment (via testing or not) of some educational ability.</p>	2
(b)	<p><b>Describe <u>one</u> type of performance assessment used in education.</b></p> <p>There are two strands to this.</p> <p>Firstly, answers could look at performance assessments devised by schools which could even be something as simple as an essay or mock examination. It may be more sophisticated which is difficult because assessment may vary according to different countries. It may be that candidates can focus on national examinations such as (in England and Wales) SAT’s, GCSE’s and GCE’s or it may be that they focus on tests used by psychologists as a diagnostic aid.</p> <p>Secondly, answers could focus on standardised psychometric tests. Such tests are used in education (more globally than schools) as the question asks. Any form of performance assessment test is creditable.</p>	3
(c)	<p><b>Describe <u>two</u> implications of assessment and categorisation.</b></p> <p>Flexibility required here: could be two implications of assessment (e.g. labelling) two of categorisation or one of each. Are the two separable? Credit with flexibility.</p>	6

Page 5	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

2 (a)	<p><b>Explain, in your own words, what is meant by the term ‘disruptive behaviour’ in schools.</b></p> <p>Typically: behaviours which do not conform to the classroom norm leading a teacher to stop activity to attend to the cause of the disruption.</p>	
(b)	<p><b>Describe a possible cause of <u>one</u> disruptive behaviour.</b></p> <p>This depends on the disruptive behaviour chosen. Possible cause could be genetic; learned; be due to brain damage, diet, MMRI or other factors.</p>	3
(c)	<p><b>Describe <u>two</u> ways in which a disruptive behaviour may be corrected.</b></p> <p>There is a number of corrective (NOT preventative) strategies:</p> <p>(1) Reasoning - this is presenting to the child reasons for not engaging in deviant behaviour and/or reasons for engaging in alternative behaviour. Parke (1974) found reference to actual object more successful in younger children for example. Preferable to punishment?</p> <p>(2) Behaviour modification techniques:</p> <p>(a) Positive reinforcement. Can be intrinsic (internal) and so not directly under teacher control (but teacher could create situation leading to satisfaction, etc.) and Extrinsic (external): attention, praise, stars, etc.          Bijou &amp; Sturges (1959) classify extrinsic reinforcers into five categories: consumables, manipulatables, visual and auditory stimuli, social stimuli and tokens.          O’Leary and Becker (1967) used tokens to eliminate deviant responses with much success, although others (Kazdin &amp; Bootzin, 1972) did not.          Premack (1965) outlines the ‘Premack Principle’ where children behaving appropriately engage in a reinforcing activity - one that the child enjoys.          Michael (1967) describes seven principles one should be wary of when attempting to control behaviour through consequences. [details Lefrancois p328-329].</p> <p>(b) Modelling. Punishing one student may inhibit the same behaviour in another; rewarding one student may lead to copying behaviour by another.</p> <p>(c) Punishment. Can be: (1) presentation of unpleasant stimulus such as facial gestures, reprimands, detention, time-out, physical punishment, etc. (2) removal of pleasant stimulus. Many studies illustrate all these variations. For example Bratner &amp; Doherty (1983) distinguish three types of time out: isolation, exclusion and non-exclusion.</p>	6



Page 6	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

**Section B**

<p><b>3 (a)</b></p>	<p><b>Describe what psychologists have discovered about special educational needs.</b></p> <p>Special needs can include giftedness and specific learning and behavioural disabilities. A definition of giftedness might be a good place to start, but right away there are problems. Some believe it is exceptional performance in an intelligence test. But where is the borderline between gifted and others set? Terman (1925) claimed IQ of 140 (approximately 1 in 200); Ogilvie (1973) suggests IQ of 130 (1 in 40) and DeHaan and Havighurst (1960) suggest 120 (approximately 1 in 10).</p> <p>Others believe giftedness is a more specific ability such as in sport or music. Bridges (1969) and Tempest (1974) outline signs of giftedness, Bridges with seven (read at three years of age; enormous energy) and Tempest with nine (likely to be highly competitive; able to deal with abstract problems).</p> <p>Hitchfield (1973) found teachers were not good at identifying giftedness and Torrance (1970) claims ‘society is savage toward creative thinkers’ and Ogilvie (Schools Council Report on gifted children in primary schools 1973) suggested provision was inadequate.</p>	<p><b>8</b></p>
<p><b>(b)</b></p>	<p><b>Evaluate what psychologists have discovered about special educational needs.</b></p> <p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> <li>• Problems of definition;</li> <li>• reliability and validity;</li> <li>• the implications of categorisation for teachers and schools;</li> <li>• the implications of categorisation for young children.</li> </ul>	<p><b>10</b></p>
<p><b>(c)</b></p>	<p><b>You are the parent of a child with special educational needs. Giving reasons for your answer, suggest what strategies you would expect teachers to use to educate your child successfully.</b></p> <p><i>Mark scheme guidelines apply in that any reasonable suggestion is acceptable.</i></p> <p>Two main approaches are segregation or integration. If children are segregated, they could be taught on a one-to-one basis or be part of some small group. If they are integrated, the teacher will need to show clear differentiation.</p>	<p><b>6</b></p>

Page 7	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

4 (a)	<p><b>Describe what psychologists have discovered about motivation and educational performance.</b></p> <p>Traditional theories of motivation could be considered (such as Freud and instinct theory, Maslows’s hierarchy of needs, etc.) but these must be related to education in some way to be creditworthy (otherwise it could be an ‘organisations’ answer).</p> <p>Candidates can be motivated by many things, and here they can legitimately write about self-efficacy, self-fulfilling prophecy, locus of control, attribution theory and similar aspects.</p> <p>Most likely answers:</p> <p>Behaviourist: emphasise extrinsic praise and reward. Brophy (1981) list guidelines for effective and ineffective praise.</p> <p>Humanistic: emphasise intrinsic motivation. The theories of Maslow (1970) self actualisation, White (1959) competence motivation and Bandura (1981) self efficacy are relevant.</p> <p>Cognitive: Attribution theory of Weiner (1974) is relevant as is Rotter’s Locus of control.</p> <p>Other: McClelland (1953) achievement motivation and Birney (1969) motivated due to fear of failure.</p>	
(b)	<p><b>Evaluate what psychologists have discovered about motivation and educational performance.</b></p> <p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> <li>• the strengths and weaknesses of psychological perspectives;</li> <li>• the implications for teachers;</li> <li>• whether theory applies in practice;</li> <li>• comparing/contrasting differing approaches.</li> </ul>	10
(c)	<p><b>Giving reasons for your answer, suggest how students can be motivated to work by reducing their learned helplessness.</b></p> <p><i>Mark scheme guidelines apply in that any reasonable suggestion is acceptable.</i></p> <p>Answers to this should be interesting. Reversing learned helplessness is not easy. Re-attribution training is less problematic, but still not easy.</p>	6

Page 8	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

**PSYCHOLOGY AND ENVIRONMENT**

**Section A**

5 (a)	<b>Explain, in your own words, what is meant by the term ‘personal space’.</b> Typically: the invisible boundary that surrounds us.	2
(b)	<b>Briefly describe <u>two</u> studies on the invasion of personal space.</b> Many studies could be included. Three ‘classics’ are: (1) Felipe and Sommer (1966). At a 1,500-bed mental institution, an experimental confederate approached and sat next to lone patients. Felipe and Sommer (1966) also performed a more ethical study in a library. (2) Middlemist, Knowles, and Matter (1976) looked at the effects of invasion on physiological arousal, performing a study in a three-urinal men’s lavatory! (3) Konecni et. al. (1975) and in a similar study Smith and Knowles (1979) stood close to pedestrians waiting to cross a road. Other studies have looked at the effect of space invasions on helping behaviour.	6
(c)	<b>Describe <u>one</u> ethical issue caused by the invasion of personal space.</b> Participants do not give their informed consent to their space being invaded. Participants do not have the right to withdraw - some studies follow participants. Participants are deceived as the true nature of the study is not revealed to them. Participants may suffer psychological harm - they do not know the invader is ‘safe’.	3

Page 9	Mark Scheme	Syllabus
A LEVEL – JUNE 2005		9698
6 (a)	<p><b>Explain, in your own words, what is meant by the term ‘environmental cognition’.</b></p> <p>Definitions: environmental cognition is the way we acquire, store, organise and recall information about locations, distances and arrangements of the great outdoors (Gifford, 1997). More specifically (for clarification but not to be credited) a cognitive map is a pictorial and semantic image in our head of how places are arranged (Kitchin, 1994). Wayfinding is successful navigation.</p>	
(b)	<p><b>Describe <u>one</u> study that has been done on environmental cognition.</b></p> <p>So many things could be included here (most likely):</p> <p>Elements: (Lynch)<sup>1</sup>. <i>Paths: Edges: Districts: larger spaces; Nodes: Landmarks, etc.</i></p> <p>Acquisition of maps: main reference is likely to be Piaget. Piaget has support (e.g. Acredolo, 1977) but critics too such as DeLoache (1987)</p> <p>Animal studies – many of these: bees; squirrels; rats (Tolman); pigeons (Walcott)</p> <p>Errors in maps: (a) Euclidean bias: Sadalia &amp; Montello (1989);            (b) Superordinate – scale bias: e.g. Stevens &amp; Coupe (1978);            (c) Segmentation bias: Allen &amp; Kirasic (1985).</p> <p>Also legitimate is a study on gender differences.</p>	3
(c)	<p><b>Describe <u>two</u> individual differences in environmental cognition.</b></p> <p>Gender differences: Bryant et al (1991) men are much better than women in the acquisition, accuracy and organisation of spatial information. This could be due to experience. Studies by Garling et al (1981) in Sweden; Kirasic et al (1974) men better than women at locating places difficult to locate. Appleyard (1976) found overall accuracy was equal, but women emphasised districts and landmarks whereas men emphasised path structure. Holding (1992) found men began with paths and nodes followed by landmarks; women began with landmarks. Overall conclusion is that there is a difference in style (not that one is better than the other).</p>	6

Page 10	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

**Section B**

7 (a)	<p><b>Describe what psychologists have discovered about climate and weather.</b></p> <p>Candidates may begin with a distinction between weather, relatively rapidly changing conditions and climate, average weather conditions over a period of time. They may consider Climatological determinism, Probabilism and Possibilism. Inclusion of this would be impressive.</p> <p>Candidates could consider any aspect such as temperature, wind, storms (hurricanes, tornadoes), altitude and anything else that pertains. Note that the syllabus refers to performance, health and social behaviour so that should at least limit coverage a little.</p> <p>Effects of heat is likely to be most common. Performance: lots of lab studies show conflicting results mainly due to variations in design. Also many field studies e.g. Pepler (1972) in classrooms and Adam (1967) with soldiers.</p> <p>Still individual differences. Bell suggests an arousal response (inverted U theory); Provins (1966) suggests differing core temperatures and that heat affects attention. Wyndham believes in adaptation levels. Social behaviour: aggression - the long hot summer effect; heat causes riots (Goranson and King (1970) and US riot commission (1968) but only in 1967 and only in US! Baron and Bell (1976) propose negative affect-escape model to explain it and lab studies in support. Many other studies on heat and aggression.</p> <p>Heat also may or may not affect helping (e.g. Page, 1978) and attraction (e.g. Griffit, 1970). Health: heat may cause heat exhaustion (sweating) or heat stroke (no sweating) or heart attacks.</p> <p>Cold temperature can also be covered. Causes hypothermia, frostbite, etc. Also affects performance and social behaviour (too cold to help or be aggressive).</p> <p>Not a lot on wind. Causes fear due to potential destruction. Increases helping in summer and decreases in winter (Cunningham, 1979). Cohn (1993) wind decreases domestic violence.</p> <p>Barometric pressure (e.g. pilots, divers) a possibility but not a lot of material available.</p> <p>Candidates may also, legitimately, consider the effects of the moon phases on behaviour (lunatics!); the effects of sunlight and seasonal affective disorder.</p>	8
(b)	<p><b>Evaluate what psychologists have discovered about climate and weather.</b></p> <p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> <li>• the methods used by psychologists to study climate and weather;</li> <li>• issues relating to individual and/or cultural differences;</li> <li>• the implications the evidence has for society;</li> <li>• comparing and contrasting theoretical explanations.</li> </ul>	10
(c)	<p><b>Using your psychological knowledge, suggest ways in which the negative effects of climate and weather on health may be overcome.</b></p> <p>Most likely effect on health will be seasonal affective disorder (SAD) as this is referred to specifically in the specification. SAD treated using a lightbox</p>	6

Page 11	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

<p>8 (a)</p>	<p><b>Describe what psychologists have found out about crowds/collective behaviour.</b></p> <p><b>Sears et al</b> (1991) define a crowd as people in physical proximity to a common situation or stimulus. Additionally crowds: must involve a number of interacting people; need not be face-to-face; need not be assembled in one place; members must influence one another.</p> <p>Brown (1965) classifies crowds according to their behaviours:</p> <ol style="list-style-type: none"> <li>(1) Acquisitive crowd: Mrs Vaught (1928) where banks closed;</li> <li>(2) Pathetic crowd: Study of Kitty Genovese;</li> <li>(3) Expressive/peaceful crowd: Benewick &amp; Holton (1987) interviewed people attending the visit of the Pope to Britain in 1982;</li> <li>(4) Baiting crowd: In 1964 there was the case of a man, standing on the ledge of a building ten storeys high. The crowd below of some 500 people shouted to him to jump off the ledge;</li> <li>(5) Aggressive crowd [often referred to as ‘mob psychology’];</li> <li>(6) Escaping crowd [panicky and non-panicky].</li> </ol> <p><b>Explanations of aggressive crowd behaviour: Mob Psychology of Le Bon</b> (1895): Otherwise normally civilised people become ‘barbarians’ – wild and irrational, giving vent to irrational impulses. <b>Turner</b> (1974) proposed the emergent norm theory. <b>Zimbardo</b> (1969) <b>Deindividuation</b>: each person is nameless, faceless, anonymous and has diminished fear of retribution.</p> <p>Laboratory studies of deindividuation</p> <p><b>Zimbardo</b> (1969) participants wore laboratory coats and hoods that masked their faces. Similarly, <b>Prentice-Dunn and Rogers</b> 1983, gave participants the opportunity to give a ‘victim’ an electric shock. <b>Milgram</b> (1963) found that people were more willing to administer shocks when the participants could not see the victim and when the victim could not see them.</p> <p><b>Deindividuation in children</b>: Diener et al (1976) looked at deindividuation in children, using Halloween and Trick or Treat as the scenario.</p> <p>Social constructionism and aggressive crowds: <b>Reicher</b> (1984b) who cites violent incidents involving aggressive crowds. His classic example is the ‘riot’ that happened in the St. Paul’s district of Bristol in 1980.</p>	
<p>(b)</p>	<p><b>Evaluate what psychologists have found out about crowds/collective behaviour.</b></p> <p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> <li>• comparing and contrasting explanations;</li> <li>• how psychologists gather their data;</li> <li>• the ethics of various studies;</li> <li>• generalisability from studies: sample ethnocentrism; method.</li> </ul>	<p>10</p>
<p>(c)</p>	<p><b>Giving reasons for your answer, suggest what may be done to prevent panic in a crowd when in an emergency situation.</b></p> <p>Candidates may focus on what can be done to <u>prevent panic</u> and look at evacuation messages (e.g. Loftus) or the follow me/follow directions dilemma of <b>Quinlan and Mowrer</b> (1988).</p>	<p>6</p>

Page 12	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

**PSYCHOLOGY AND HEALTH**

**Section A**

<p>9 (a)</p>	<p><b>Explain, in your own words, the difference between ‘substance use’ and ‘substance abuse’.</b></p> <p>Candidates should offer definitions, distinguishing between use and abuse. Rosenhan &amp; Seligman, (1984) suggest:</p> <ol style="list-style-type: none"> <li>(1) Clear pathological use (inability to stop);</li> <li>(2) Heightened problems in social and/or occupational functioning;</li> <li>(3) Existence of pathological use for at least one month.</li> </ol> <p>Other aspects such as dependence (physical and/or psychological) tolerance, addiction and withdrawal are not relevant.</p>	<p>2</p>
<p>(b)</p>	<p><b>Outline <u>one</u> reason why people may abuse a substance.</b></p> <p>Answer depends on substance so range of possibilities provided:</p> <p><b>Smoking:</b></p> <ol style="list-style-type: none"> <li>(1) Genetic (e.g. Eysenck, 1980);</li> <li>(2) Nicotine addiction/regulation model (e.g. Schachter, 1980);</li> <li>(3) Bio-behavioural model (e.g. Pomerleau, 1989);</li> <li>(4) Opponent process model (e.g. Solomon, 1980) cough = nasty so smoke = nice;</li> <li>(5) Social learning/modelling;</li> <li>(6) Tomkins (1966): positive affect; negative affect; habitual; addictive;</li> <li>(7) Leventhal &amp; Cleary (1980): why start: tension control; rebelliousness; social pressure. Lots of evidence to support; some good some not so good.</li> </ol> <p><b>Drinking:</b></p> <ol style="list-style-type: none"> <li>(1) Tension reduction hypothesis (e.g. Conger, 1956);</li> <li>(2) Disease model (a) Jellineks (1960) gamma and delta; (b) alcohol dependency syndrome (e.g. Edwards et al, 1977) = seven elements of dependency;</li> <li>(3) Social learning/modelling. Whereas 2 = genetic, 3 = learning. So good for Section (b).</li> </ol> <p><b>Drugs:</b></p> <p>Similar reasons to above. Note that types of drugs and their effects are not relevant and should receive no credit.</p> <p><b>Food (obesity):</b></p> <ol style="list-style-type: none"> <li>(1) Age and metabolism;</li> <li>(2) ‘Gland problems’;</li> <li>(3) Heredity: lots of twin studies and correlations with parents;</li> <li>(4) The set-point theory: set-point determined by fat consumed as a child determining need for fat later;</li> <li>(5) Restrained versus unrestrained eaters.</li> </ol> <p><b>Food (anorexia/bulimia):</b></p>	<p>3</p>



Page 13	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

(c)	<p><b>Describe <u>two</u> ways in which people who abuse a substance can quit.</b></p> <p>Candidates who focus on ways in which starting to abuse a substance can be prevented should receive no marks. Question relates to those who are users. Again, answers depend on substance chosen. Three main approaches are drug therapy (smokers using nicotine replacements or other drugs such as Zyban).</p> <p>Behavioural therapies could be used which emphasise aversion (Alcoholics using the emetic antabuse). Alternatives are a possibility and include hypnosis, acupuncture, counselling, rational emotive therapy, etc.</p>
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Page 14	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

10 (a)	<b>Explain, in your own words, what is meant by the term ‘accident’.</b> Typically: an event without apparent cause; an unexpected event; an unintentional act.	
(b)	<b>Describe <u>one</u> psychological cause of accidents.</b> Lots of possibilities:  (1) People may think they are accident prone and so self-fulfilling prophecy may apply. (2) People have an illusion of invulnerability – it won’t happen to them; (3) People apply motion stereotypes and so do not consider alternatives; (4) People make errors (they are human!); (5) People on shift work have low-point e.g. 2-5 am.  Any appropriate suggestion can receive credit.	3
(c)	<b>Describe <u>two</u> ways in which accidents may be prevented.</b>  Several possibilities here and it should be interesting to see what candidates write about! There will be a focus on either theory A (the person) or theory B (the system) or a combination of the two.	6

Page 15	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

Section B

<p>11 (a)</p>	<p><b>Describe what psychologists have discovered about pain.</b></p> <p>Candidates could focus on theories (but unlikely) or measures or management. No distinction here between chronic and acute. Measures of pain include:</p> <ol style="list-style-type: none"> <li>(1) Self report/interview methods;</li> <li>(2) Rating scales: e.g. visual analogue scale and category scale;</li> <li>(3) Pain questionnaires: e.g. MPQ (McGill Pain Questionnaire); MMPI often used too but is not pain specific;</li> <li>(4) Behavioural assessment: e.g. UAB;</li> <li>(5) Psycho-physiological measures: use of EMG, ECG and EEG.</li> </ol> <p>Management of pain includes: <b>Medical</b> - use of surgical or chemical means: peripherally acting analgesics such as aspirin, centrally acting analgesics e.g. morphine or local anaesthetics.</p> <p><b>Psychological:</b> (A) cognitive: attention diversion, non-pain imagery or cognitive redefinition. (B) behavioural such as biofeedback.</p> <p>Alternative such as physical therapy: tens, hydrotherapy and acupuncture.</p>	
<p>(b)</p>	<p><b>Evaluate what psychologists have discovered about pain.</b></p> <p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> <li>• comparing and contrasting different approaches;</li> <li>• the relationship between theory and practice;</li> <li>• the assumptions made about human nature;</li> <li>• how psychologists gain their evidence in this area.</li> </ul>	<p>10</p>
<p>(c)</p>	<p><b>Using your psychological knowledge, suggest ways in which pain can be reduced.</b></p> <p><b>Medical</b> – use of surgical or chemical means: peripherally acting analgesics such as aspirin, centrally acting analgesics e.g. morphine or local anaesthetics. But these are less effective over time. More likely therefore: <b>Psychological</b> (A) cognitive: attention diversion, non-pain imagery or cognitive redefinition. (B) behavioural such as biofeedback. <b>Alternatives</b> such as physical therapy: tens, hydrotherapy and acupuncture.</p>	<p>6</p>

Page 16	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

<p><b>12 (a)</b></p>	<p><b>Describe what psychologists have found out about stress.</b></p> <p>So much that could be included here. Most likely, candidates will focus on measures of stress or ways of controlling (see syllabus). Also legitimate would be GAS model. There are two main measures - physiologically and psychologically:</p> <ul style="list-style-type: none"> <li>• Physiologically by recording devices;</li> <li>• Physiologically by sample tests;</li> <li>• Psychologically by Questionnaire based on life events;</li> <li>• Psychologically by Questionnaire based on daily hassles;</li> <li>• Psychologically by Questionnaire based on personality;</li> <li>• Psychologically by Questionnaire other causal factors (such as work) e.g. Professional Life Stress Scale.</li> </ul> <p>Controlling stress:</p> <ol style="list-style-type: none"> <li>(1) Coping. (a) Problem-focused coping. (b) Emotion-focused coping;</li> <li>(2) Medical/pharmacological solutions. (a) benzodiazepines (trade names valium, librium, etc.). (b) beta-blockers (inderal) reduce physiological arousal and feelings of anxiety by blocking neurones stimulated by adrenaline;</li> <li>(3) Psychological solutions (a) (behavioural/cognitive strategies) can include progressive relaxation (Jacobsen, 1938); systematic desensitisation (Wolpe, 1958); biofeedback; and modelling. Psychological solutions; (b) (cognitive/behavioural) can include cognitive restructuring (Lazarus, 1981); rational-emotive therapy (Ellis, 1962) and multi-modal therapy (Lazarus, 1981); imagery (Bridge et al, 1988);</li> <li>(4) Alternative strategies involving meditation, hypnosis or yoga;</li> <li>(5) Providing social support may also help (e.g. Cohen and Willis, 1985).</li> </ol> <p>Some candidates may consider ways of reducing post-traumatic stress, which is legitimate.</p>	
<p><b>(b)</b></p>	<p><b>Evaluate what psychologists have found out about stress.</b></p> <p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> <li>• comparing and contrasting different approaches;</li> <li>• the relationship between theory and practice;</li> <li>• the assumptions made about human nature;</li> <li>• how psychologists gain their evidence in this area.</li> </ul>	<p><b>10</b></p>
<p><b>(c)</b></p>	<p><b>Using psychological evidence, suggest ways in which stress can be measured.</b></p> <p>Refer to details provided in part (a) above.</p>	<p><b>6</b></p>

Page 17	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

**PSYCHOLOGY AND ABNORMALITY**

**Section A**

13 (a)	<p><b>Explain, in your own words, what is meant by the term ‘cultural, societal and individual differences in abnormality’.</b></p> <p>Typically: any difference between culture or society or individuals in abnormality.</p>	2
(b)	<p><b>Describe <u>one</u> cultural and <u>one</u> gender difference in abnormality.</b></p> <p>Abnormality does vary from culture to culture. For example, Russia has 51 per 10,000 cases of schizophrenia, Denmark has only 15 per 10,000. Not only are there different abnormalities, but there are very different treatment methods too.</p> <p>There are gender differences and relationship differences. For example, divorced people are much more likely to be admitted to a US mental hospital (1183 per 100,000) than those who are married (136 per 100,000). The family also has a bearing. One gender difference is lupus (90% women in UK) but also cultural differences in lupus too.</p>	3
(c)	<p><b>Suggest <u>one</u> way an abnormality described in part (b) may be treated.</b></p> <p>Most likely: depends on illness. Too many possibilities to list.</p>	6
14 (a)	<p><b>Explain, in your own words, what is meant by the term ‘abnormal need’.</b></p> <p>Typically: people <i>need</i> various things to stay alive (e.g. food). They also have psychological dependence on various things but usually these are desires rather than essentials i.e. physical dependence. Where people cannot cope without something, where it takes over ‘normal’ psychological functioning and often where that thing is illegal (such as kleptomania and pyromania) the need is abnormal.</p>	2
(b)	<p><b>Describe <u>two</u> types of abnormal need.</b></p> <p>Most likely: compulsive gambling, kleptomania and pyromania. Must be classified via DSM/ICD to be credited.</p>	6
(c)	<p><b>Give <u>one</u> way in which an abnormal need may be treated.</b></p> <p>Most likely: treatments are wide-ranging and depend on chosen model.</p>	3

Page 18	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

**Section B**

15 (a)	<p><b>Describe models of abnormality.</b></p> <p>Typically: collection of assumptions concerning the way abnormality is caused and treated. Includes medical, psychological (behavioural, psychodynamic, etc.)</p> <p>Most likely: could be medical model, behavioural, cognitive, cognitive behavioural, psychodynamic or other.</p>	8
(b)	<p><b>Evaluate models of abnormality.</b></p> <p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> <li>• points about defining and categorising abnormality;</li> <li>• cultural and individual differences;</li> <li>• comparing and contrasting explanations of cause;</li> <li>• implications of individual and society.</li> </ul>	10
(c)	<p><b>Giving reasons for your answer, suggest treatments for an abnormality based on <u>one</u> model of abnormality.</b></p> <p>Most likely: <b>ECT</b> (electroconvulsive therapy)/electroplexy is very common. <b>Chemotherapy</b> also common. Tranquilisers (e.g. chlorpromazine) for manic episodes and lithium for both manic and depressive episodes. <b>Psychotherapy</b> also a possibility but less common and less successful. <b>Behavioural:</b> behavioural or cognitive-behavioural therapy, such as systematic desensitisation.</p>	6
16 (a)	<p><b>Describe what psychologists have learned about abnormal adult development.</b></p> <p>Candidates will most likely focus on organic degeneration of the brain. Most well known are Alzheimers disease and Picks. Both involve atrophy of brain cells resulting in pre-senile dementia.</p>	8
(b)	<p><b>Evaluate what psychologists have learned about abnormal adult development.</b></p> <p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> <li>• points about defining and categorising abnormality;</li> <li>• cultural and individual differences;</li> <li>• comparing and contrasting explanations of cause;</li> <li>• implications of individual and society.</li> </ul>	10
(c)	<p><b>Giving reasons for your answer, suggest ways in which the effects of a degenerative abnormality may be reduced.</b></p> <p>Medication is most likely – treatments for Alzheimers (and Picks) being developed all the time. ‘Sonic Hedgehog’ one of modern treatments.</p>	6

Page 19	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

**PSYCHOLOGY AND ORGANISATIONS**

**Section A**

17 (a)	<p><b>Explain, in your own words, what is meant by the term ‘group behaviour in organisations’.</b></p> <p>Typically: two or more individuals engaged in a social interaction to achieve some goal.</p>	2
(b)	<p><b>Describe <u>one</u> theory of team roles.</b></p> <p>Most likely is Belbin (1981) who identified eight key team roles: company worker, plants, resource investigator, chairperson, shaper, monitor-evaluator, team worker and completer-finisher. Any other psychological theory fine.</p>	3
(c)	<p><b>Describe <u>two</u> ways in which team building can be achieved.</b></p> <p>Most likely: Tuckman (1965) four stages: forming, storming, norming and performing. Also Woodcock (1979) four stages of team development. Zander’s (1982) achievement-orientated and help-orientated people is pertinent as could be McGregor’s (1960) effective and ineffective groups.</p>	6
18 (a)	<p><b>Explain, in your own words, what is meant by the term ‘quality of working life’.</b></p> <p>Typically: QWL involves all aspects of life at work.</p>	2
(b)	<p><b>Briefly describe <u>two</u> causes of work stress.</b></p> <p>Most likely: could be physical conditions (temperature, lighting, etc.) or psychological conditions (lack of promotion) or temporal (shift work). Any appropriate aspect credited but not ‘lack of pay’.</p>	6
(c)	<p><b>Give <u>one</u> way in which the quality of working life can be improved.</b></p> <p>Most likely: Any suggestion based on psychological theory acceptable. Can be through changes in job itself such as rotation or promotion. Could be material reward such as money. Could be through better conditions (physical or psychological).</p>	3

Page 20	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

Section B

19 (a)	<p><b>Describe what psychologists have discovered about the selection of people for work.</b></p> <p>Main requirement is a consideration of the procedures involved in (a) <i>personnel recruitment</i> (the means by which companies attract job applicants), (b) <i>personnel screening</i> (the process of reviewing information about job applicants to select workers) and (c) <i>personnel selection</i> (via interviewing).</p> <p>The process could include:</p> <ol style="list-style-type: none"> <li>(1) Production of <b>job analysis</b> and <b>job description</b>.</li> <li>(2) Advertising job via appropriate source(s)</li> <li>(3) Production of an <b>application form</b>. This could be: (a) standard, (b) weighted, or (c) a Biographical Information Blank.</li> <li>(4) <b>Screening tests</b>. These could test: (a) cognitive ability, (b) mechanical ability, (c) motor/sensory ability, (d) job skills/knowledge, (e) personality, (f) test specific to job/organisation.</li> <li>(5) Many methods exist for analysis of screening tests and/or applications. Any method should be (a) reliable: via test re-test or internal consistency (how items correlate), and (b) valid: via content validity or criterion-related validity.</li> <li>(6) <b>Interviews</b>: many studies and many aspects. A good summary of major points is provided in Riggio P116 and includes:             <ol style="list-style-type: none"> <li>(a) Use structured interviews;</li> <li>(b) Make sure that interview questions are job related;</li> <li>(c) Provide for some rating or scoring of applicant responses;</li> <li>(d) Use trained interviewers;</li> <li>(e) Consider using panel interviews;</li> <li>(f) Use the interview time efficiently.</li> </ol> </li> <li>(7) Follow up methods: References and letters of recommendation.</li> <li>(8) Consideration throughout of equal opportunities.</li> </ol>	8
(b)	<p><b>Evaluate what psychologists have discovered about the selection of people for work.</b></p> <p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> <li>• issues concerning reliability and validity;</li> <li>• assumptions made by psychometric testing and appraisal techniques;</li> <li>• individual differences in test performance;</li> <li>• the usefulness of tests to select people.</li> </ul>	10
(c)	<p><b>If you were a personnel officer, suggest which screening/psychometric tests you would use to select employees. Give reasons for your answer.</b></p> <p>Any appropriate answer acceptable, some aspect of list in part (a) most likely.</p>	6



Page 21	Mark Scheme	Syllabus
	A LEVEL – JUNE 2005	9698

<p>20 (a)</p>	<p><b>Describe what psychologists have discovered about organisational work conditions.</b></p> <p>Riggio (1990) divides work conditions into <b>physical conditions</b>, such as illumination, temperature, noise, motion, pollution; and aesthetic factors, such as music and colour; and <b>psychological conditions</b>, such as privacy or crowding, status/anonymity and importance/unimportance. Vibration, body movement and posture (e.g. seating or lifting) can be added to the list of physical conditions. The amount of evidence available for each of these, particularly physical conditions, is vast. However, it should not be too difficult to judge whether the evidence has psychological foundation rather than being largely anecdotal.</p> <p>Another distinction is between a <b>mechanistic design</b> (chip making at McDonalds has 19 distinct steps and so has distinct rules to follow but little satisfaction) and an <b>organic structure</b> where a broad knowledge of many different jobs, with increased satisfaction, is required. Mintzberg (1983) has gone a step further and he outlines <b>five organisational types</b>: simple, machine, professional, divisional and adhocracy which involve five elements (operating core e.g. teachers; strategic apex e.g. management; support staff, etc.).</p> <p><b>Work schedules</b> are somewhat more specific but can include <i>compressed work weeks</i> and <i>flexitime</i> in addition to <i>shift work</i>. Pheasant outlines primary chronic fatigue, extremely karoshi (Japanese for sudden death due to overload). Minor effects such as sleep disturbance, physical and mental.</p>	
<p>(b)</p>	<p><b>Evaluate what psychologists have discovered about organisational work conditions.</b></p> <p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> <li>• individual differences in responses to work conditions;</li> <li>• the assumptions made about human behaviour;</li> <li>• the methods used by psychologists to gain their evidence;</li> <li>• implications for the design of work conditions.</li> </ul>	<p>10</p>
<p>(c)</p>	<p><b>Giving reasons for your answer, suggest how the ‘temporal conditions of work environments’ can be improved.</b></p> <p>Temporal conditions = time. All agree shift work bad. How counteract? Two schools of thought: <i>rapid rotation theory</i>: based on frequent change and preferred by workers who only do same shift for short time.</p> <p>Two options:</p> <ol style="list-style-type: none"> <li>(1) <i>Metropolitan rota</i>: two early, two late, two night, two rest.</li> <li>(2) <i>Continental rota</i>: two early, two late, three night, two rest, then two early, three late, two night, three rest. etc.</li> <li>(3) <i>Slow rotation theory</i> – should change as infrequently as possible to minimise effects but not popular (night shift for one month?)</li> </ol>	<p>6</p>