

MARK SCHEME for the May/June 2006 question paper

9698 PSYCHOLOGY

9698/03

Paper 3

Maximum raw mark 70

This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. It 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*.

The minimum marks in these components needed for various grades were previously published with these mark schemes, but are now instead included in the Report on the Examination for this session.

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

CIE is publishing the mark schemes for the May/June 2006 question papers for most IGCSE and GCE Advanced Level and Advanced Subsidiary Level syllabuses and some Ordinary Level syllabuses.

PSYCHOLOGY AND EDUCATION			
SECTION A			
1	(a)	Explain, in your own words, what is meant by 'motivation in education'.	[2]
		Typically: motivation is 'the force that energises, directs and sustains behaviour'; here it should be applied to education to receive full marks.	
	(b)	Describe two types of motivation which can be used in a classroom.	[6]
		Most likely answers will distinguish between intrinsic motivation (e.g. reward is learning a skill) and extrinsic motivation (e.g. external praise from a teacher).	
	(c)	Describe one example of how attribution theory can be related to education.	[3]
		Attribution theory applied to education is the way that individuals attribute their success or failure either to internal (ability, effort) or external (difficulty, luck) factors. Any appropriate example that is indicative of this is acceptable. Work of Weiner (1984) most prominent.	
2	(a)	Explain, in your own words, what is meant by the 'humanistic' approach to education.	[2]
		Typically: emphasis placed on the uniqueness, individuality, humanity of each individual person; how information is processed, organised and recalled. How this is best achieved is the problem. Is it best through discovery learning etc.	
	(b)	Describe two ways in which the humanistic approach has been applied in education.	[6]
		Most likely: 1. student centred teaching : teachers are learning facilitators rather than didactic instructors. 2. The open classroom : based on above. 3. The learning style of each individual is different and so each child should be educated according to his/her individual needs. 4. Co-operative learning involves students with similar needs working together.	
	(c)	Describe one weakness of the humanistic approach in education.	[3]
		Most likely: 1. they oppose the 'mechanistic' behaviourism but how can a teacher address the needs of each unique individual? 2. Teachers must be very skilled in ways different from 'traditional'. 3. It is more a philosophy than a technique.	

SECTION B		
3	(a)	<p>Describe what psychologists have discovered about teaching and learning styles.</p> <p>[8]</p>
		<p>Learning styles are for the learner and teaching styles are the way in which teachers present material to be learned. Anything that could be considered a teaching approach or style is acceptable. Lefrancois outlines a 'teaching model' pointing out what is desired before, during and after teaching. He also outlines 28 recommended behaviours for effective teaching. Fontana suggests the debate is between formal (subject emphasis and to initiate children in essentials) and informal (emphasis on child, teacher identifying child's needs) styles. A study on this was carried out by Bennett (1976) and followed up by Aitken et al (1981). Similarly Flanders (1970) suggests direct (lectures, etc.) versus indirect (accepts that children have ideas and feelings) styles. Evidence exists for each approach. Bennett (1976) found progress in three 'R's' better in primary school using formal approach. Haddon & Lytton (1968) found creativity better when informal approach used. Based on the work of Lewin et al, Baumrind (1972) outlines three styles: authoritarian, authoritative (ie democratic) and laissez-faire. Baumrind believes the authoritative style is most effective.</p> <p>It could be argued that learning styles are determined by approach to, or perspective on, learning and so candidates could consider styles adopted if following a behaviourist or cognitivist or humanist approach. Learning styles have direct implications for teaching styles. Possible styles include lecturing, discussing, reciting, dictating, questioning, guided discovery, peer tutoring, etc. Advantages and disadvantages of each are relevant. An alternative is to consider Kolb's (1976) learning styles whereby a preferred learning style can be identified through a learning kite. Four styles are possible: dynamic, imaginative, analytical and common-sense.</p>
	(b)	<p>Evaluate what psychologists have discovered about teaching and/or learning styles.</p> <p>[10]</p>
		<p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> • the implications of learning styles for teachers; • the implications of teaching styles for pupils; • the usefulness of the evidence; • individual differences in styles; • how psychologists gain their evidence.
	(c)	<p>Giving reasons for your answer, suggest a teaching style that could be applied to one area of your psychology course.</p> <p>[6]</p>
		<p><i>Mark scheme guidelines apply in that any reasonable suggestion is acceptable.</i></p> <p>The aim is to use information to apply to a specific task, such as teaching a psychology lesson. Hopefully candidates will go beyond a chalk-and-talk lesson on learning styles.</p>

4	(a)	Describe what psychologists have learned about the design and layout of educational environments.	
		<p>1. building design:</p> <p>a. with comparisons between open plan schools versus 'traditional' designs. Traditional = formal; open plan = individualistic. Rivlin & Rothenberg (1976): open plan imply freedom, but no different from traditional. Open plan offer too little privacy and too much noise. Conclusion: some children do better with traditional, others better with open plan. Wheldall (1981) 'on-task' (formal) vs. 'off-task' (informal).</p> <p>b. Some studies refer to effect of number of windows (e.g. Ahrentzen, 1982); amount of light.</p> <p>c. Some to effects of temperature (e.g. Pepler, 1972).</p> <p>d. Reynolds et al (1980) found age and physical appearance of school had nothing to do with academic accomplishments.</p> <p>e. small vs. large school (Barker & Gump, 1964): small have several advantages e.g. sense of belonging.</p> <p>2. classroom layout: (a discovery learning room) with availability of resources; use of wall space: too much vs. too little (e.g. Porteus, 1972).</p> <p>3. seating arrangements: sociofugal vs. sociopetal (rows vs. horseshoe vs. grouped).</p> <p>4. 'perspectives' approach: architectural [environmental] determinism.</p> <p>5.</p> <p>a. Staffing theory (Wicker et. al., 1972): understaffed, overstaffed or adequately staffed.</p> <p>b. Classroom capacity: how many is room designed for and how many crammed in = lack of privacy, crowding = stress and poor performance.</p> <p>c. Skeen (1976) suggests spatial zone affects performance (Hall's personal and intimate zone = optimal).</p>	
	(b)	Evaluate what psychologists have learned about the design and layout of educational environments.	[10]
		<p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> the implications of classroom design for teachers and for pupils; consider the relationship between educational design and performance; laboratory versus real-life studies; the usefulness of the evidence; assumptions about human nature; methodology used to study problem behaviours. 	
	(c)	Giving reasons for your answer, suggest a suitable design for arranging the tables and chairs in a classroom for older children.	[6]
		<p><i>Mark scheme guidelines apply in that any reasonable suggestion is acceptable.</i></p> <p>Answers are likely to focus on the three main types of seating design: traditional (desks in rows); horseshoe (obvious shape) and modern (desks in clusters).</p>	

PSYCHOLOGY AND ENVIRONMENT			
SECTION A			
5	(a)	Explain, in your own words, what is meant by the term 'crowd'.	[2]
		Typically: Sears et al (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.	
	(b)	Describe two types of crowd behaviour.	[6]
		Brown (1965) classifies crowds according to their behaviours: 1. acquisitive crowd 2. apathetic crowd 3. expressive/peaceful crowd 4. baiting crowd 5. aggressive crowd [often referred to as 'mob psychology'] 6. escaping crowd [panicky and non-panicky]	
	(c)	Describe one way in which problems may be prevented in emergency situations.	[3]
		Any appropriate answer to receive credit. Suggestions should be psychologically based, like all other question part (c)s. Most likely is the use of evacuation messages broadcast over a tannoy system. Work of Loftus relevant. Could also be implementation of evacuation plan e.g. Sugiman & Mitsumi follow me, follow directions.	
6	(a)	Explain, in your own words, what is meant by 'territory'.	[2]
		Typically: a portion of land belonging to an individual or group that can be defended. Land makes territory different from personal space.	
	(b)	Describe two types of territory and give an example of each.	[6]
		Three types of territory: primary : e.g. house; secondary (semi public): e.g. desk in classroom; public e.g. seat on bus. Identification of Type = 1 mark; example = 1 mark. Understanding (description) = 1 mark.	
	(c)	Describe one way in which people defend territory.	[3]
		Most likely: use of territorial markers such as bag on desk or item of clothing on seat.	

SECTION B		
7	(a)	<p>Describe what psychologists have found out about density and crowding.</p> <p>Candidates may look at distinctions between density (physical) and crowding (psychological). They may look at methods (laboratory and naturalistic) and both human and animal studies. The syllabus guidance notes suggest a look at performance, social behaviour and health.</p> <p>(a) animal studies: Dubos (1965) and lemmings; Christian (1960) deer and Calhoun (1962) rats.</p> <p>(b) human studies: 1. performance: Aiello et al (1975b) found impaired task performance. In lab studies both Bergman (1971) and Freedman et al (1971) report that density variations do not affect task performance. But task is crucial: no effect if task is simple; effect if task is complex. Saegert et al (1975) in high social density supermarket and railway station found impairment of higher level cognitive skills (e.g. cognitive maps). Heller et al (1977) suggests there is no effect on task performance when there is high social or spatial density and there is no interaction, but lots of effect when there is interaction.</p> <p>(c) human studies: 2. social behaviour: helping: studies by Bickman et. al. (1973) in dormitories and Jorgenson & Dukes (1976) in a cafeteria requesting trays be returned. Aggression: Studies involving children. Price (1971; Loo et al (1972); Aiello et al (1979) all found different things. Crucial variable is toys given to children. Studies on male-female differences too. Candidates could look at crowding and attraction.</p> <p>(d) human studies: 3. health: Paulus, McCain & Cox (1978) also found increase in density led to increase in blood pressure in prisoners. McCain, Cox & Paulus (1976) increase in density = more complaints of illness in prisoners. Di Atri et al (1981) study in prisons showed higher blood pressure and pulse than when in more spacious conditions. Baron et al (1976) found students in high density dormitories visit health centre more.</p>
	(b)	<p>Evaluate what psychologists have found out about density and crowding. [10]</p> <p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> • the usefulness of studying animals; • differing methodologies used to gather evidence; • individual differences in the experience of crowding; • ethical issues studies may raise.
	(c)	<p>Using your psychological knowledge suggest what a person can do to cope with the effects of crowding. [6]</p> <p>Suggestion can be any (candidate's choice). Most likely is to increase cognitive control e.g. Langer & Saegert (1977) or use a technique such as attention diversion.</p>

8	(a)	Describe what psychologists have discovered about noise.	
		<p>Candidates may well begin with definitions and types. As with other environment areas, the syllabus states performance, social behaviour and health.</p> <p>Health: McCarthy et al (1992) noise affects the immune system; Doring et al (1980) noise causes ulcers; Cohen et al (1986) found increased blood pressure in children at school on flight path. Many, many other studies. Is no direct link – noise may be stressful and stress causes health problems. Candidates may also look at mental health.</p> <p>Performance: 3 categories to consider: (a) effects during exposure; (b) after-effects; (c) effects on children.</p> <p>(a) Lab studies have shown mixed results with a wide range of variables. Effect depends on: volume, predictability and controllability; type of task performed; stress tolerance; individual personality.</p> <p>(b) Even if performance is not affected at time of study, effect of noise may continue for some time and hinder later performance, e.g. Glass et al (1969); Sherrod et al (1977).</p> <p>(c) Hambrick-Dixon (1986); Cohen et al (1986) compared children from noisy and quiet schools near Los Angeles airport. Found those from noisy environment suffered from learned helplessness, lack of achievement and distractibility. Evans et al (1993) study of those near Munich airport. Also problems.</p> <p>Social behaviour: aggression: likely to be popular as many unethical lab studies involving electric shock, e.g. Geen & O’Neal (1969); Donnerstein & Wilson (1976). Helping: also popular with both lab and natural studies by Matthews & Canon (1975) and Page (1977). Some candidates may look at attraction but evidence here is limited.</p>	
	(b)	Evaluate what psychologists have discovered about noise.	[10]
		<p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> • points about defining and categorising noise/air pollution; • cultural and individual differences in perception of problem; • comparing and contrasting laboratory with natural studies; • the methods psychologists use to gain their evidence. 	
	(c)	Giving reasons for your answer, suggest ways in which positive sound, such as music, can be beneficial.	[6]
		<p>Candidates could focus on music played in doctor/dental waiting rooms to distract patients from worry about what may lie ahead. They could focus on Muzak, used in shops, supermarkets, etc. to encourage people to buy certain products or attract a certain type of client. The work of North (1997) is relevant. Candidates could focus on the use of music in studying, (Mozart effect) or any other aspect of behaviour. Work animals shows that music increases milk yield in cows, and egg production in hens is also relevant.</p>	

PSYCHOLOGY AND HEALTH		
SECTION A		
9	(a)	Explain, in your own words, what is meant by the term 'chronic pain'. [2]
		Typically: pain that is present for a long-term period that may be constant or may be progressive. Acute pain is short-term.
	(b)	Describe two ways of measuring pain in children. [6]
		Most likely possibilities include: 1. Rating scales: e.g. visual analogue scale and category scale 2. Psychometric measure such as PPQ (paediatric pain questionnaire) 3. Behavioural assessment such as UAB
	(c)	Describe one way of managing pain in children. [3]
		Most likely: (any realistic suggestion acceptable) Medical – use of chemicals/drugs: peripherally acting analgesics such as aspirin, or Calpol (uk only?) Psychological a. cognitive: attention diversion, non-pain imagery or cognitive redefinition. Alternative such as physical therapy: tens, hydrotherapy and acupuncture unlikely but not impossible.
10	(a)	Explain, in your own words, what is meant by the term 'substance abuse'. [2]
		Substance abuse is defined on the basis of three criteria (Rosenhan & Seligman, 1984): (i) Existence of a clear pathological use e.g. heavy daily use or inability to stop. (ii) Heightened problems in social or occupational functioning e.g. loses job. (iii) Existence of pathological use for at least a month. Reference to any one of these features will score 2 marks; 1 mark with no reference to these features.
	(b)	Describe one way in which substance abuse could be prevented and describe one way in which people can quit substance abuse. [6]
		Prevention usually done via health promotion campaigns, which can be done in schools, worksites and communities. Three main approaches to quitting are drug therapy (smokers using nicotine replacements or other drugs such as Zyban). Behavioural therapies could be used which emphasise aversion, e.g. Alcoholics using the emetic antabuse). Alternatives are a possibility and include hypnosis, acupuncture, counselling, rational emotive therapy, etc.
	(c)	Describe one difference between physical dependence and psychological dependence on a substance. [3]
		Physical dependence is a state in which the body has adjusted to the presence of a substance and incorporated it into the 'normal' functioning of the body's tissues. This state has two characteristics: (1) TOLERANCE : the process in which the body increasingly adapts to a substance and requires larger and larger doses of it to achieve the same effect. (2) WITHDRAWAL : the unpleasant physical and psychological symptoms people experience when they stop using a substance. Psychological dependence is a state in which people feel a compulsion to use a substance for the pleasant effect it produces (without necessarily being physically dependent e.g. alcohol initially psychological dependence perhaps later leading to physical dependence).

SECTION B		
11	(a)	Describe what psychologists have found out about health promotion.
		<p>Answers are likely to include:</p> <ol style="list-style-type: none"> Appeals to fear/fear arousal (Janis & Feshbach, 1953) is the traditional starting point. This is likely to be included because their <i>strong fear appeal</i> could be said to be unethical and are not the most effective. The Yale model (source of message/message/recipient) underlies so many attempts. Study by Leventhal (1967) also relevant. providing information via media (e.g. Flay, 1987) 3 approaches: 1] provide negative info only; 2] for those who want to be helped provide first steps; 3] self help via tv audience. Lewin (1992) healthy heart project too. behavioural methods: provision of instructions, programmes, diaries to use as reinforcers. <p>Also worth credit would programmes in schools (e.g. Walter US and Tapper UK Food Dudes), worksites (e.g. Johnson & Johnson) and communities (e.g. three community study).</p>
	(b)	Evaluate what psychologists have found out about health promotion.
		<p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> the effectiveness of promotions; the assumptions about human nature; the ethics of some strategies; the methodology used by psychologists.
	(c)	Using psychological evidence, suggest a worksite programme to encourage people to eat healthier foods.
		<p>Answers must be centred in the work place AND it must be focused on food.</p> <p>Any of the three above methods could be used ie fear arousal, providing information or behavioural methods.</p>

12	(a)	<p>Describe what psychologists have found out about adherence to medical advice.</p>	
		<p>Lots of possibilities here from a vast area. Candidates could focus on one or more of the following:</p> <ul style="list-style-type: none"> • Types of non-adherence [1] failure to take medication [2] Failure to arrive for recommended appointment. Also is Non-Adherence by medical staff • Measuring non-adherence <p>[1] Subjective [a] ask practitioner to estimate; [b] ask patient to estimate (self report); [c] estimate of family member/medical personnel.</p> <p>[2] Objective [a] Quantity accounting (pill count) where number of pills remaining is measured; [b] Medication dispensers which record and count times when used; [c] Biochemical tests such as blood or urine sample; [d] Tracer/marker method add tracer to medication e.g. riboflavin (vitamin B2) fluoresces under ultraviolet light; [e] recording number of appointments kept.</p> <ul style="list-style-type: none"> • Why patients do and don't adhere to advice <p>[1] Disease/ Medical treatment programmes</p> <p>[a] Severity of illness; [b] side effects of treatment; [c] duration of treatment; [d] complexity of treatment; [e] people are less likely to adhere if the treatment requires a change in long standing habits and behaviours; [f] expense or cost.</p> <p>[2] Personal Characteristics [a] Cognitive and emotional factors; [b] Social support: adherence is increased if there is appropriate support from family and friends and whether or not the supporters are stable. However, family and friends can have a negative effect, particularly if the patient's family is large; [c] personal beliefs/models.</p> <p>(1) Fear of treatments: Leventhal's (1970) parallel response model. People have two beliefs: 'danger control' (seek help because their health is in danger) or 'fear control' (seek ways to reduce fear = avoid treatment, get drunk, etc.).</p> <p>(2) common sense: Leventhal (1982) model where patients own views about their illness can contradict doctor instructions and treatment.</p> <p>(3) Becker & Rosenstock's (1984) health belief model is relevant. Patients weigh up the pros or benefits of taking action against the cons or barriers of taking action and make a decision based on their assessment of these factors.</p> <p>(4) Fishbein & Ajzen's theory of reasoned action is appropriate.</p> <p>(5) Stanton's (1987) model of adherence behaviour is pertinent.</p> <p>[3] Cultural factors</p> <p>[4] Relationship between person and medical service.</p> <p>[a] Speed of service; [b] Practitioner's personality: Byrne & Long (1976) distinguish between: doctor-centred and patient-centred personality. Savage and Armstrong (1990) study on this; [c] Male/female practitioner: Hall et al (1994) found female doctors asked more questions of patients and made more positive statements to patients. Patients talked more to female doctor. Law & Britten (1995): Is a woman doctor better than a man?</p>	

	(b) Evaluate what psychologists have found out about adherence to medical advice.	
	<p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> • how psychologists gained their evidence; • individual differences; • cultural differences; • implications for patient's health and/or practitioner satisfaction. 	
	(c) Using psychological evidence, suggest what can be done to improve adherence to medical advice.	[6]
	<p>By no means exhaustive list of possibilities includes:</p> <p>(a) changing physician behaviour (DiMatteo & DiNicola, 1982); sending doctors on training courses;</p> <p>(b) changing communication style (Inui et al, 1976);</p> <p>(c) change information presentation techniques (Ley et al, (1982);</p> <p>(d) have the person state they will comply (Kulik & Carlino, 1987);</p> <p>(e) provide social support (Jenkins, 1979) and increase supervision (McKenney et al, 1973);</p> <p>(f) behavioural methods: tailor the treatment; give prompts and reminders; encourage self monitoring; provide targets and contracts;</p> <p>(g) introduce educational strategies (Sackett & Hayes, 1976).</p>	
	PSYCHOLOGY AND ABNORMALITY	
	SECTION A	
13	(a) Explain, in your own words, what is meant by the term 'amnesia'.	[2]
	Typically: a loss of memory, typically personal information. Often the type is determined by the cause. For example amnesia can be caused by alcoholism, brain damage or ageing. Our concern is really psychogenic amnesia which is memory loss due to psychological factors. Amnesia can be localised (e.g. loss for 3 days after accident); selective (e.g. some but not all events); continuous (e.g. permanent) or generalised (loss of all memory of one's life).	
	(b) Describe two types of trauma response.	[6]
	<p>Most likely focus will be on post traumatic stress disorder, amnesia and fugue.</p> <p>Psychogenic fugue is leaving one's home, work and life and taking a new identity with loss of memory for the previous identity.</p> <p>Psychogenic amnesia is losing one's memory because of psychological reasons.</p> <p>PTSD (post traumatic stress disorder) is a stress response caused by events outside the range of normal human experience.</p>	
	(c) Describe one way to reduce the effects of trauma.	[3]
	No specific treatment so a range of psychological approaches most likely: drugs are likely; hypnosis a possibility. Psychodynamic approaches too. Counselling. Systematic desensitisation for PTSD.	

14	(a)	Explain, in your own words, what is meant by the term ‘degenerative abnormality’.	
		Typically: deterioration of brain function mainly due to age. Typically senile dementia and presenile dementia (e.g. Alzheimer’s disease; Pick’s disease; Korsakoff’s psychosis).	
	(b)	Describe two types of degenerative abnormality.	[6]
		Most likely: Alzheimer’s disease, Pick’s disease, Korsakoff’s psychosis. Candidates will most likely focus on organic degeneration of the brain. Most well known are Alzheimer’s disease and Pick’s. Both involve atrophy of brain cells resulting in pre-senile dementia.	
	(c)	Give one way in which degenerative abnormality may be reduced.	[3]
		Treatment depends on cause. Most likely: changes in diet with vitamin enrichment. Medication is also likely – treatments for Alzheimer’s (& Pick’s) being developed all the time. ‘Sonic Hedgehog’ one of modern drug treatments.	
SECTION B			
15	(a)	Describe what psychologists have found out about abnormal learning.	[8]
		Abnormal learning includes any type of learning abnormality and most typically this would include autism, dyslexia (and related difficulties e.g. dyscalculia), ADHD (attention deficit with/without hyperactivity) or any other learning abnormality. The focus could be on the suggested causes of such abnormalities or could be on the problems a typical child may have in a classroom. The focus could be on one type or could be a consideration of a number.	
	(b)	Evaluate what psychologists have found out about abnormal learning.	[10]
		<i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i> <ul style="list-style-type: none"> • points about defining and categorising abnormal learning; • cultural and individual differences in abnormal learning; • comparing and contrasting explanations of cause; • implications of abnormal learning for the child, family and educational provision. 	
	(c)	Giving reasons for your answer, suggest ways of overcoming a learning disorder of your choice.	[6]
		Candidates can choose any learning disorder. Most likely: treatments will either be medical (drugs) or psychological (cognitive-behavioural) or alternatives. For ADHD typically ritalin has been used extensively but also diet is considered to be important. For dyslexia and dyscalculia more specific strategies apply.	

16	(a)	Describe what psychologists have learned about abnormal avoidance and/or need.	
		<p>Candidates can focus on either avoidance or need or both.</p> <p>Need: will include problems such as compulsive gambling and kleptomania but any other need is legitimate.</p> <p>Avoidance: any phobia appropriate here as would be elective withdrawal.</p> <p>Candidates may focus on suggested explanations or on typical behaviour/symptoms.</p>	
	(b)	Evaluate what psychologists have learned about abnormal avoidance and/or need.	[10]
		<p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> • points about defining and categorising abnormal behaviours; • cultural and individual differences in need/avoidance; • comparing and contrasting explanations; • implications for person with abnormal need/avoidance. 	
	(c)	Giving reasons for your answer, suggest how an abnormal avoidance of your choice may be treated.	[6]
		Most likely treatment will be behaviourally or cognitive-behavioural such as systematic desensitisation. Psychotherapy is also a possibility.	
PSYCHOLOGY AND ORGANISATIONS			
SECTION A			
17	(a)	Explain, in your own words, what is meant by ‘psychometric test’.	[2]
		Any standardised procedure for measuring sensitivity/memory/intelligence/aptitude/personality, etc.	
	(b)	Describe one personnel screening or psychometric test.	[3]
		Most likely (all from Riggio p105): depending on the nature of the job: cognitive ability tests; mechanical ability tests; motor and sensory ability tests; job skills and knowledge tests; personality tests.	
	(c)	Describe two ways in which personnel selection decisions are made.	[6]
		<p>Most likely:</p> <p>Once all information about applicants has been gathered, how is a final decision made? Many decisions are subjective, but other strategies operate:</p> <ol style="list-style-type: none"> 1. multiple regression model: combines each factor statistically; 2. multiple cut-off model: applicants must obtain a minimum score on each factor to be successful; 3. multiple hurdle model: decisions made at various stages (e.g. end of day 1 if interview is two day or even short-listing for interview. <p>Ref Riggio p119</p>	

18	(a)	Explain, in your own words, what is meant by 'communication channel'.	
		Communication is the passage of information between one person or group to another person or group. Channel is the medium of the communication.	
	(b)	Briefly describe two types of communication channel.	[6]
		From Q18 (a) Many types of channel: telephone/text message; e-mail; face-to-face; meetings; memo; formal report; teleconference.	
	(c)	Describe one way in which communication flow could be improved.	[3]
		One form of answer could be on upward communication flow and the following have been proposed: Machin (1980) suggests the expectations approach; Marchington (1987) suggests 'team-briefing'. Also: employee suggestion systems; grievance systems; open-door policies; employee surveys; participative decision making; corporate hotlines; brown bag meetings; skip-level meetings. Candidates may refer to Tesser & Rosen's (1985) the MUM effect, the reluctance to tell superiors of something bad. A second form of answer could be to look at communication networks – e.g. Leavitts wheel, etc.	
SECTION B			
19	(a)	Describe what psychologists have discovered about leadership and management.	[8]
		Many theories to choose from: Universalist theories of leadership: [1] <i>The great man theory</i> (Wood, 1913) [2] McGregor (1960) <i>Theory X and Theory Y</i> . Behavioural theories of leadership [1] Researchers at Ohio State University Halpin and Winer (1957) suggested <i>initiating structure</i> and <i>consideration</i> [2] Researchers at the University of Michigan identified <i>task-oriented behaviours</i> and <i>relationship-oriented behaviours</i> . This extended into Blake and Moulton's (1985) <i>Managerial Grid</i> . Charismatic (or transformational) leaders have the determination, energy, confidence and ability to inspire followers. Contingency theories of leadership: [1] Fiedler's contingency model (Fiedler, 1967); [2] House's (1971) <i>path-goal theory</i> ; [3] Vroom and Yetton (1973) propose a <i>decision-making theory</i> ; [4] Dansereau et. al. (1975) whose <i>leader-member exchange model</i> .	
	(b)	Evaluate what psychologists have discovered about leadership and management.	[10]
		<i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i> <ul style="list-style-type: none"> • Comparing and contrasting theoretical explanations; • The implications leadership style have for follower behaviour; • Examining theoretical strengths and weaknesses; • How psychologists gain their evidence. 	
	(c)	If you owned a company, what leadership style would you use? Give reasons for your answer.	[6]
		Any appropriate answer that is psychological; most likely one of the theories outlined above. Importantly, reasons for choice must be addressed. Max 3 marks if style without reasons for choice of style.	

20	<p>(a) Describe what psychologists have discovered about motivation to work.</p> <p>A number of theories to choose from. Can do a range with less detail or few in more detail.</p> <p>[1] Need theories of motivation: individual needs [a] Maslow's need-hierarchy (1965): five tier hierarchy: physiological, safety, social, esteem and self actualisation. Starting with physiological each must be satisfied in order. Lots of attention received, but not much support; not a good predictor of behaviour and no useful application; [b] Alderfer's ERG theory (1972). Three levels: existence, relatedness and growth. Little support; [c] McClelland's achievement-motivation theory (1961): three work related needs: need for achievement (get job done, success, etc.); need for power (direct and control others; be influential); need for affiliation (desire to be liked and accepted; friendship). Methodology used: TAT (thematic apperception test): look at picture then relate story it suggests. Is a projective test and scoring can be unreliable. Good application: match profiles to jobs; achievement training programmes.</p> <p>[2] Job design theories: if job well designed and satisfying needs = good motivation. [a] Herzberg's two factor theory (1966): Job satisfaction and job dissatisfaction are two separate factors. Motivators = responsibility, achievement, recognition, etc. = job satisfaction. Hygienes = supervision, salary, conditions, etc. = job dissatisfaction. Some support but led to Job enrichment (redesigning jobs to give workers greater role); [b] Job characteristics model (Hackman & Oldham, 1976): workers must perceive job as meaningful (skill variety, task identity and task significance) responsible (autonomy) and gain knowledge of outcome (feedback). These can be scored. Also JDS (job diagnostic survey) is questionnaire measuring above characteristics.</p> <p>[3] Rational (cognitive) theories: people weigh costs and rewards of job [a] Equity theory (Adams, 1965) fair treatment = motivation. Worker brings inputs (skills, etc.) and expects outcomes (pay, etc.). Equality determined by comparison with others; [b] VIE theory (or expectancy) (Vroom, 1964): workers are rational and decision making and guided by potential costs (negative outcomes) and rewards (positive outcomes).</p> <p>[4] Goal setting theory (Locke, 1968): for motivation goals must be specific, clear and challenging.</p> <p>[5] Reinforcement theory (traditional): positive and negative reinforcers and punishment.</p> <p>Ref Riggio Chp 6</p>	
	<p>(b) Evaluate what psychologists have discovered about motivation to work.</p>	[10]
	<p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> • Comparing and contrasting theoretical explanations; • the measures used to gain data; • the assumptions made about human behaviour; • individual differences in motivation to work. 	

Page 15	Mark Scheme	Syllabus
	GCE A Level – May/June 2006	9698

(c)	Using your psychological knowledge, suggest what the management of a company could do to motivate its employees.
	<p>This question requires more than mere replication of the above theories and it requires more than common sense answers such as “increase pay”. What is required is the combination of suggestions with an appropriate theory e.g. an increase in pay is one of Herzberg’s hygiene factors. This, of course, is only one approach. Possible motivators include:</p> <p>a] responsibility for decisions such as negotiating prices, planning journeys and times, etc.</p> <p>b] material reward: salary, commission, bonuses, promotions and competitions/incentive schemes could be used against sales objectives such as volume, profitability, new account development.</p> <p>c] material reward: merchandise incentives, company car etc.</p>

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