UNIVERSITY OF CAMBRIDGE INTERNATIONAL EXAMINATIONS

GCE Advanced Level

MARK SCHEME for the May/June 2008 question paper

9698 PSYCHOLOGY

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

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.

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 discussions or correspondence in connection with these mark schemes.

CIE is publishing the mark schemes for the May/June 2008 question papers for most IGCSE, GCE Advanced Level and Advanced Subsidiary Level syllabuses and some Ordinary Level syllabuses.

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

Q	Description	m
Q(a)	**KNOWLEDGE (1)** [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
	KNOWLEDGE (2) [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
	UNDERSTANDING [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
	Maximum mark for part (a)	8
Q(b)	**EVALUATION ISSUES** [Assessing quality of data]	
	General evaluative comment OR issue identified.	1
	Two instances of general evaluative comment OR one issue + evidence.	2
	Two (or more) issues are identified, explained and some appropriate evidence is used in support.	3
	Two (or more) issues with elaboration and illustrative evidence.	4
	ANALYSIS [Key points and valid generalisations]	
	Key points (of evidence/study) are identified for a given issue (or number of issues), but no valid generalisations/ conclusions are made.	1
	Key points (of evidence/study) are identified for a given issue (or number of issues), and valid generalisations/ conclusions are made.	2
	CROSS REFERENCING [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
	ANALYSIS [Structure of answer]	
	The essay has a basic structure/organisation,	1
	Structure/organisation is sound and argument clear and coherent (includes issues, evidence, analysis and cross referencing).	2
	Maximum mark for part (b)	10

Q(c)	APPLICATION [Applying to new situations and relating to theory/method]	
	A suggestion (to apply psychological knowledge to the assessment request) has been attempted.	1
	A suggestion (to apply psychological knowledge to the assessment request) has been applied effectively. One detailed or several applications considered.	2
	KNOWLEDGE (2) [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
	UNDERSTANDING [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
	Maximum mark for question part (c)	6
	Maximum mark for Question	24

PSYCHOLOGY AND EDUCATION

Section A

1 (a) Explain, in your own words, what is meant by the term 'improving learning effectiveness'. [2]

Typically: term is what it says. Common-sense definitions acceptable.
1 mark partial answer; 2 marks answer with elaboration.

(b) Suggest *two* ways in which learning effectiveness could be improved. [6]

Any appropriate answer based on student study skills. Most likely:

1. McCarthy's (1990) **4-MAT** system. Includes: motivation, concept development, practice and application. This is teacher-based matching teaching styles with learning styles.

2. **PQRST**: preview, question, read, self-recitation, test. Intended to improve ability to study and remember material in a textbook.

3. **SPELT** (Mulcahy, 1986) Strategies for Effective Learning, Thinking. This is concerned with learning how to learn.

Memory techniques are also worth credit.

(c) Describe one problem with a study skill of your choice. [3]

Most likely candidates will choose one aspect referred to in question part **(b)** above.

2 (a) Explain, in your own words, what is meant by 'corrective strategy' for disruptive behaviour. [2]

Typically: the modification of the behaviour of children that has already happened (rather than trying to prevent a behaviour from happening). Alternatively, responding to the child who has misbehaved in a way that will lessen the likelihood of that misbehaviour recurring.

(b) Describe *one* cause and *one* effect of a disruptive behaviour. [6]

Most likely cause: genetic, maladaptive learning, diet, etc.
This question is ambiguous and so not to penalise anyone, *credit all variations of answer*.
This could include the cause as in someone standing up in class and the effect is to distract others. It could include cause such as ADHD, or the cause of ADHD being diet. Similarly the cause could be due to medication such as Ritalin.
ALSO accept effect of a disruptive behaviour on a teacher.

(c) Describe *one* way in which a disruptive behaviour may be corrected.

Mark scheme guidelines apply in that any reasonable suggestion is acceptable.
There are a number of **corrective** (NOT preventative) strategies:

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.

2. **Behaviour modification techniques**

   (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 and Sturges (1959) classify extrinsic reinforcers into five categories: consumables, manipulatables, visual & auditory stimuli, social stimuli and tokens.

      O'Leary & Becker (1967) used tokens to eliminate deviant responses with much success, although others (Kazdin & 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 7 principles one should be wary of when attempting to control behaviour through consequences. [details Lefrancois p328-329 recommended reading list]

   (b) **Modelling**. Punishing one student may inhibit the same behaviour in another; rewarding one student may lead to copying behaviour by another.

   (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 & Doherty (1983) distinguish three types of time out: isolation, exclusion and non-exclusion.

Section B

3 (a) Describe what psychologists have discovered about motivation and educational performance. **[8]**

1. Traditional theories of motivation could be considered (such as **Freud** and instinct theory, **Maslow'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). 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.

Most likely answers:

2. **Behaviourist**: emphasise extrinsic praise and reward. Brophy (1981) list guideline effective and ineffective praise.

3. **Humanistic:** emphasise intrinsic motivation. The theories of Maslow (1970) self actualisation; White's (1959) competence motivation and Bandura's (1981) self efficacy are relevant.

4. **Cognitive**: Attribution theory of Weiner (1974) is relevant as is Rotter's Locus of control. Other: McClelland (1953) achievement motivation and Birney (1969) motivated due to fear of failure.

(b) **Evaluate what psychologists have discovered about motivation and educational performance.** [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.
- the strengths and weaknesses of psychological perspectives;
- the implications for teachers;
- whether theory applies in practice;
- comparing/contrasting differing approaches.

(c) **Giving reasons for your answer, suggest how students can be motivated through attribution theory.** [6]

Mark scheme guidelines apply in that any reasonable suggestion is acceptable.
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.

4 (a) **Describe what psychologists have found out about the design and layout of educational environments.** [8]

1. **building design:**
   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 & too much noise. Conclusion: some children do better with traditional, others better with open plan. Wheldall (1981) 'on-task' (formal) vs. 'off-task' (informal).

   b. Some studies refer to effect of number of windows (eg Ahrentzen, 1982); amount of light.

   c. Some refer to effects of temperature (eg Pepler, 1972)

   d. Reynolds et al (1980) found age and physical appearance of school had nothing to do with academic accomplishments.

   e. Small vs. large school (Barker & Gump, 1964): small have several advantages eg sense of belonging.

2. **classroom layout:** (a discovery learning room) with availability of resources; ~~space~~: too much v too little (eg Porteus, 1972).

3. **seating arrangements:** sociofugal v sociopetal (rows v horseshoe v grouped).

4. **'perspectives' approach:** architectural [environmental] determinism.

5. a. **Staffing theory** (Wicker et. al. 1972): understaffed, overstaffed or adequately staffed.

    b. **Classroom capacity**: how many is room designed for & how many crammed in = lack of privacy, crowding = stress & poor performance.

    c. Skeen (1976) suggests **spatial zone** affects performance (Hall's personal & intimate zone = optimal).

(b) Evaluate what psychologists have found out about the design and layout of educational environments. [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.
*   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 how the physical features of the classroom could be changed to improve performance and feelings. [6]

Mark scheme guidelines apply in that any reasonable suggestion is acceptable.
For example, any of the features for **part (a)** above could be included.

PSYCHOLOGY AND ENVIRONMENT

Section A

5 (a) **Explain, in your own words, what is meant by the term 'positive uses of sound (music)'.** [2]

Noise is unwanted sound and so is negative, Wanted sound is positive and such sounds (probably music) can be beneficial in many ways.

(b) **Describe *one* study showing the negative effects of noise on health.** [3]

Can be specific such as work of Grandjean (1983) and Eggersten (1987) or can be part of wider study e.g. Cohen et al & Evans studied schools near airports: performance and health affected.
Rosenlund (2001) higher blood pressure in those exposed to airport noise.
Knipschild (1981) low birth weight of babies exposed to noise.

(c) Describe *two* studies which have made positive use of sound.

Candidates could focus on:

1. Music played in doctor/dental waiting rooms to distract patients from worry

2. Muzak, used in shops, supermarkets, etc to encourage people to buy certain products

3. The use of music in studying (mozart effect). Specifically:
   North (2003) classical music leads to more profit in restaurant.
   Fox (1983) industrial music helps production-line workers.
   Chafin (2004) listening to classical music can reduce blood pressure.
   Studies on animals show cows produce more milk and hens lay more eggs.

6 (a) Explain, in your own words, what is meant by the term 'wayfinding'. **[2]**

Typically: it is the way in which people actually navigate in their environment.

(b) Describe *two* ways to improve the design of maps. **[6]**

Several possibilities here. Most likely is work of Levine:
Levine (1982) looked at you-are-here maps. Suggests two aspects which significantly improve map:

1. Structure mapping – the map should reflect the layout and appearance of the setting it represents. 3 subsections: a) the map should be placed near an asymmetrical feature so more than one building is visible. b) the map should include a landmark which is visible in reality (then person can match the two and plan a route). c) the map has the map itself drawn on it.

2. Orientation – the map should be aligned the same way as the setting (building on right of map is on right in reality) and it should have forward equivalence (the top of the map should be straight ahead). Could also involve use of colour such as on London underground.

(c) Describe *one* study on wayfinding. **[3]**

Garling et al (1986) suggest 3 features of physical settings which make wayfinding more easy/more difficult: Differentiation; Degree of visual access; Complexity of spatial layout
Also study by Passini (1984) on 'getting lost'.
Animal studies also a possibility. Initially by Tolman (1932) with rats in a maze and later work e.g. Walcott (1973) on homing pigeons.

Section B

7 (a) **Describe what psychologists have learned about density and crowding.**

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. NB work on crowds e.g. LeBon (contagion), Zimbardo (deindividuation) or Turner (emergent norm) to receive no credit.

a. **Animal studies**: Dubos (1965) and lemmings; Christian (1960) deer and Calhoun (1962) rats.

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.

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**.

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.

(b) **Evaluate what psychologists have learned about density and crowding.** **[10]**

NOTE: any evaluative point can receive credit; the hints are for guidance only.
- the usefulness of studying animals;
- differing methodologies used to gather evidence;
- individual differences in the experience of crowding;
- ethical issues studies may raise.

(c) **Giving reasons for your answer, suggest what a person can do to cope with the effects of crowding.** **[6]**

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 e.g. Karlin et al (1979).

8 (a) **Describe what psychologists have discovered about natural disaste~~r~~ technological catastrophe.**

Candidates may well begin with a definition and a distinction between **disasters** (natu~~ral~~ causes) and **catastrophes** (human causes). Catastrophes mean there is some human error/fault and blame can be attributed.

A focus on **methodology** would be pertinent. Lab studies are low in ecological validity or not ethical (e.g. Mintz (1951). Simulations are more true to life (e.g. simulation following Manchester airplane fire) but participants know it is a simulation. Actual events better but not ethical to study injured, stressed, etc and no comparison or control. Candidates could look at how people **behave during** emergencies. Archea (1990) compares behaviours of people during earthquakes in Japan and America. Alternatively, LeBon (1895) suggests people behave like wild animals with primitive urges and stampede and are crushed (examples of fires where this has happened). Alternatively people may be crushed without stampeding (e.g. Hillsborough). Smelser (1964) suggests people don't panic if in mine or submarine due to escape routes. LaPierre (1938) looks at how panic develops. Alternatively Sime (1985) found in fire people seek companions first and do not behave as individual 'animals'.

Candidates may focus on what can be done to **prevent panic** and look at evacuation messages (e.g. Loftus) or the follow me/follow directions dilemma of Sugiman & Misumi (1988). Another focus may be on **preparation for an event** or whether people think it will happen to them (e.g. Stallen, 1988) and study at Dutch chemical plant. Candidates may also look at **behaviour after an event**, typically post traumatic stress (e.g. source and Herald of Free Enterprise). Some candidates may look at pre traumatic stress.

Candidates can legitimately look at the effects of **toxic exposure**, it is included in this syllabus subsection, and this should be treated as a technological catastrophe. The Three Mile Island Accident raised fears about the release of radioactive gases for example. It could be argued that sick building syndrome is caused by toxic exposure. Whilst this may well be true, and even though a recommended text includes SBS in the same chapter as disasters, SBS can hardly be categorised as a catastrophe and so should receive no credit.

(b) **Evaluate what psychologists have discovered about natural disaster and/or technological catastrophe.**   **[10]**

NOTE: any evaluative point can receive credit; the hints are for guidance only.
*   *defining and categorising disaster and catastrophe;*
*   *cultural differences in disaster/catastrophe behaviour;*
*   *whether theories apply in real life;*
*   *the methods psychologists use to gain their evidence*

(c) **Giving reasons for your answer, suggest ways in which psychologists could help people after a catastrophe has happened.**   **[6]**

They could look at **attitudes** toward potential danger "it won't happen to me"; fear of flying, etc; they could look at **evacuation messages** and plans for escape. Relevant evidence referred to above. They could look at **emergency plans** such as those issued by the FEMA for earthquakes. Psychologists could help with counselling and/or treating for PSTD.

PSYCHOLOGY AND HEALTH

Section A

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

Typically: the giving up of a substance by a user or abuser. Critically, this is different from preventing which applies to stopping a person from starting to use/abuse. Relevant terms to include would be tolerance and/or withdrawal.

(b) Describe *two* ways in which people may try to quit substance abuse. [6]

Most likely:

1. **Going it alone** – most people just give up (but don't succeed!)

2. **Drug therapy** – nicotine replacement if smoker; use of emetic for alcoholics, etc

3. **Behaviour therapies** – aversion therapy most common but also many self management strategies.

4. Many will write about **social support** – not really a help.

(c) Describe *one* way in which substance abuse could be prevented. [3]

Most likely possibilities include:

1. **Public health approaches** – warnings on products, increase price/tax, ban advertising, etc.

2. **Health promotion programmes** usually in schools, to stop before start! Eg Flay, Botvin.

10 (a) Explain, in your own words, what is meant by 'health promotion in schools'. [2]

Typically: enhancing good health (often specific problems such as diet, STD's) and preventing illness done in schools. More specifically: is the process of enabling people to increase control over, and to improve, their health; or: "the science and art of helping people change their lifestyle to move toward a state of optimal health."

(b) Outline one school health promotion study and one worksite health promotion study.
[6]

Most likely: **Walter** (1985) In 22 American elementary schools a special curriculum was designed with the emphasis on nutrition and physical fitness. The schools were randomly assigned so that students would either participate in the programme or act as a control group. After 2 years the two groups were compared.

Tapper et al (2003) The Food Dudes – successful UK campaign.
Most likely: **Johnson & Johnson Company**:They began their '*live for life'* program in 1978, and it is one of the largest, best funded, and most effective worksite programmes yet developed. All employees are now a part of this programme The goal is to help as many employees as possible live healthier lives by making improvements in their health knowledge, stress management, and efforts to exercise, stop smoking, and control their weight. **Gomel et al** (1983) Australian campaign stopping worksite smoking. Not successful.

(c) Describe one campaign to promote the health of a specific problem.

Answers could focus on several things: smoking, drinking, food/nutrition, self examination.
Too many options to give detail.

Section B

11 (a) Describe what psychologists have discovered about pain. [8]

Candidates could focus on theories or measures or management of pain.
No distinction here between chronic and acute.

Measures of pain include:
1. Self report/interview methods:
2. Rating scales: e.g. visual analogue scale and category scale
3. Pain questionnaires: e.g. MPQ (McGill Pain Questionnaire); MMPI often used too but is not pain specific.
4. Behavioural assessment: e.g. UAB
5. Psycho-physiological measures: use of EMG, ECG & EEG.

Management of pain includes:
Medical – use o surgical or chemical means: peripherally acting analgesics such as aspirin, centrally acting analgesics e.g. morphine or local anaesthetics.
Psychological a. cognitive: attention diversion, non-pain imagery or cognitive redefinition. B. behavioural such as biofeedback.
Alternative such as physical therapy: tens, hydrotherapy and acupuncture

(b) Evaluate what psychologists have discovered about pain. [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.
- comparing and contrasting different approaches;
- the relationship between theory and practice;
- the assumptions made about human nature;
- how psychologists gain their evidence in this area.

(c) Using your psychological knowledge, suggest ways in which an *acute* pain could be managed. [6]

Medical – 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:

Psychological a. cognitive: attention diversion, non-pain imagery or cognitive redefinition. b. behavioural such as biofeedback.

Alternatives such as physical therapy: TENS, hydrotherapy and acupuncture.

12 (a) **Describe what psychologists have learned about health and safety.**

Either general: **Theory A**: the person approach: accidents caused by the unsafe behaviour of people; Prevention is by changing the ways in which people behave; [fitting the person to the job] **Theory B**: the systems approach: accidents caused by unsafe systems at work; Prevention is by redesigning the work system; [fitting the job to the person].

Or specific. Lots of possibilities:
1. People may think they are accident prone (personality) and so self-fulfilling prophesy may apply. E.g. Robertson (2003)

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 shiftwork have low-point e.g. 2-5 am

Any appropriate suggestion can receive credit.

(b) **Evaluate what psychologists have learned about health and safety** **[10]**

NOTE: any evaluative point can receive credit; the hints are for guidance only.
- comparing and contrasting different approaches;
- the relationship between theory and practice;
- the assumptions made about human nature;
- how psychologists gain their evidence in this area.

(c) **Giving reasons for your answer, suggest how accidents could be reduced.** **[6]**

Under global heading of '**health' promotion campaigns** come many individual approaches which could take place in worksites specifically or as part of a community. Answers must be psychological.

1. **Appeals to fear**/fear arousal (Janis & Feshbach, 1953 and Leventhal 1967) is the traditional starting point. This is likely to be included because their *strong fear appeal* could be said to be unethical and are not the most effective. The Yale model (source of message/message/recipient) underlies so many attempts.

2. **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. Study by Lewin (1992) healthy heart manual also relevant.

Actual studies:
Fox (1987) token economy system introduced and reduced accidents in open cast mine.
Cowpe (1989) tv fear arousal & providing information campaign reduced chip pan fires.

PSYCHOLOGY AND ABNORMALITY

Section A

13 (a) **Explain, in your own words, what is meant by the term 'somatoform disorder'** [2]

Typically: disorders in which physical symptoms are prominent but no cause can be found. Similarly: physical symptoms that mimic disease or injury for which there is no identifiable physical cause.
E.g. hypochondriasis, pain where there is no physical cause, complaints about headaches, etc

(b) **Describe *two* types of somatoform disorder.** [6]

Most likely:
Hypochondriasis: preoccupation and exaggerated concerns about health, or having a serious illness.

Conversion: where patients present with neurological symptoms such as numbness, paralysis, or fits, but where no neurological explanation can be found.

Somatisation: (Briquet's syndrome) patients who chronically and persistently complain of varied physical symptoms that have no identifiable physical origin.

Psychogenic pain: reports of pain with no physical cause.
Less likely but to be given credit (and definitions vary as to whether this is a somatoform disorder) is **Body dysmorphic disorder**: in which the affected person is excessively concerned about and preoccupied by an imagined or minor defect in his or her physical features.

(c) **Describe *one* explanation for somatoform disorders.** [3]

Most likely:
Psychoanalytic: emotionally charged conflicts were repressed then converted into physical symptoms that serve as outlets.

Behavioural: often maladaptive behaviour – attention seeking?

14 (a) **Explain, in your own words, what is meant by the term 'obsessive-compulsive disorder'.** [2]

Typically:
Obsessions – recurring thoughts that interfere with normal behaviour;
Compulsions – recurring actions which the individual is forced to enact.
Obsessive – compulsive = irresistible thoughts or actions that must be acted on.

(b) Describe *two* characteristics of obsessive-compulsive disorder.

Most likely: an extension of part **(a)**. There can be obsessions or compulsions but more commonly a mixture of the two.

Obsessions: repetitive thoughts, images or impulses that invade consciousness that are difficult to dismiss or control.

Compulsions consist of stereotyped or rigid rituals or mental acts that the person feels driven to perform in response to an obsession.

O-C cause distress. They are time consuming. They interfere with normal routine, work or social relations.

1. They are distressing and unwelcome.
2. They arise from within and are not from an external situation.
3. They are difficult to control.

(c) Give *one* explanation for obsessive-compulsive disorder. [3]

Most likely:

Psychoanalytic
Behavioural: hypercritical, demanding parents reward similar behaviour in children.
Superstition: must go through rituals (O'Leary & Wilson)
Chemical: OCD's have increased activity in frontal lobe of left hemisphere.

Section B

15 (a) Describe what psychologists have learned about schizophrenia. [8]

Term from Greek schzein (split) and phren (mind).
Are 5 main **types**:

Hebephrenic: incoherence, disorganised behaviour, disorganised delusions and vivid hallucinations.
Simple: gradual withdrawal from reality.
Catatonic: impairment of motor activity, often holding same position for hours/days.
Paranoid: well organised, delusional thoughts (& hallucinations), but high level of awareness.
Undifferentiated/untypical: for all the others who do not fit the above!
There are a number of **explanations**:
Behavioural: due to conditioning and observational learning.
Psychodynamic: regression to oral stage
Families also blamed for schizophrenia; as are twins.
Cognitive: breakdown in ability to selectively attend to stimuli in language, etc
Genetics also play a role.

(b) Evaluate what psychologists have learned about schizophrenia.

NOTE: any evaluative point can receive credit; the hints are for guidance only.
- points about different definitions and types;
- how schizophrenia is studied;
- comparing and contrasting explanations of cause;
- deterministic explanations;
- nature versus nurture.

15 (c) Giving reasons for your answer, suggest how a person with schizophrenia may be treated. [6]

Most likely:
1. Psychosurgery – once popular! But now highly unlikely;
2. ECT very common and still used today
3. Chemotherapy – very popular
4. Behaviour therapy – less likely, but some token economy used.

16 (a) Describe what psychologists have found out about abnormal avoidance and need. [8]

Candidates can focus on either avoidance or need or both.
Need: will include problems such as compulsive gambling and kleptomania but any other need is legitimate.
Avoidance: any phobia appropriate here as would be elective withdrawal.
Candidates may focus on suggested explanations or on typical behaviour/symptoms.

(b) Evaluate what psychologists have found out about abnormal avoidance and need. [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.
- 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 need may be treated. [6]

NB Question focuses on abnormal need, not avoidance.
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 the term 'group decision-making'.** [2]

Typically: statement of the obvious: deciding what action a group should take. Could be more precise and involve types such as democratic or autocratic decisions. Could focus on the **process** eg SWOT Analysis - Evaluation by the decision making individual or organization of Strengths, Weaknesses, Opportunities and Threats with respect to desired end state or objective

(b) **Describe *two* ways in which group decision-making can go wrong.** [6]

Most likely:

1. **Groupthink**: syndrome characterised by a concurrence-seeking tendency that overrides the ability of a cohesive group to make critical decisions (Janis, 1965)

2. **Group polarisation**: groups who make decisions that are more extreme than those made by individuals.

(c) **Outline *one* way in which group conflict can be managed.** [3]

Most likely: encourage evaluation; promoting open enquiry; use sub-groups; admit shortcomings; hold second-chance meetings; don't rush to a quick solution. But any logical suggestion will suffice.

18 (a) **Explain, in your own words, what is meant by 'performance appraisal'.** [2]

Typically: the process of assessing or evaluating workers/employees on various work related dimensions.

(b) **Describe *two* performance appraisal techniques.** [6]

Most likely: specific job analysis techniques: FJA [functional job analysis] technique examining sequence of tasks in a job; PAQ [positional analysis questionnaire] uses structured questionnaire to analyse jobs. CIT [critical incidents technique] uses eg's of successful or unsuccessful job performance.

(c) **Give *one* problem with performance appraisal techniques.** [3]

Most likely: **biases:**
1. Ratings may vary according to expectation (e.g. study by Hogan on bank managers)
2. The 'similar-to-me' effect – people perceive people similar to them as better (e.g. Wayne & Liden)
3. Attribution theory also relevant

Section B

19 (a) Describe what psychologists have discovered about leadership and management.

Many theories to choose from:
1. **Universalist theories** of leadership: [1] The *great man theory* (Wood, 1913) [2] McGregor (1960) *Theory X and Theory Y*

2. **Behavioural theories** of leadership [1] Researchers at Ohio State University Halpin and Winer (1957) suggested *initiating structure* and *consideration* [2] Researchers at the University of Michigan identified *task-oriented behaviours* and *relationship-oriented behaviours.* This extended into Blake and Moulton's (1985) *Managerial Grid.*

3. **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) *path-goal theory*: [3] Vroom and Yetton (1973) propose a *decision-making theory* [4] Dansereau et. al. (1975) whose *leader-member exchange model.*

(b) Evaluate what psychologists have discovered about leadership and management. [10]

NOTE: any evaluative point can receive credit; the hints are for guidance only.
- Comparing and contrasting theoretical explanations;
- The implications leadership style have for follower behaviour;
- Examining theoretical strengths and weaknesses;
- how psychologists gain their evidence.

(c) Giving reasons for your answer suggest how you, as manager, would ensure satisfaction in your workers. [6]

Any suggestion based on psychological theory acceptable. Most likely: one of the theories outlined above. Importantly, reasons for choice must be addressed.

20 (a) Describe what psychologists have found out about human factors in work design. [8]

Human factors are concerned with the design of tools, machines, work systems and work places to fit the skills and abilities of workers.

In industry operator-machine systems are central. Chapanis (1976) outlines the '**operator-machine system**: human systems: senses, information processing/decision-making and controlling; machine system: controls, operation and display (feeding back to senses). Each factor can be considered in much more detail. **Displays**: these can be visual or auditory and factors determine which is most appropriate. **Decision-making** is also important as are the **controls** themselves. Controls can be of many types, but should be matched to the operator's body; they should be clearly marked and they should mirror the machine actions they produce. Keyboard controls on computers can also be considered.

Errors in operator-machine are important. There can be errors of:
Omission (failing to do something), commission (performing an act incorrectly), sequence errors (doing a step out of order) and timing errors – too quickly, slowly. Errors such as these can be rectified either by 1. **changing the design** or 2. **selecting people** who can operate the systems.
Workspace design: three main types here: seated, standing and combined! See Q**(c)**.

20 (b) Evaluate what psychologists have found out about human factors in work design.

NOTE: any evaluative point can receive credit; the hints are for guidance only.
- how psychologists gained their evidence;
- competing theoretical explanations;
- the usefulness of the theories;
- implications for management and workers

(c) Giving reasons for your answer, suggest an efficient workspace design for a student.

[6]

Most likely:

Chair needs to be correct height, and appropriate to study needs.

Desk also considered.

Place where workstation is located is crucial: low noise, etc

Organisation of equipment such as computer.