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CAMBRIDGE
INTERNATIONAL EXAMINATIONS

JUNE 2003

GCE A AND AS LEVEL

MARK SCHEME

MAXIMUM MARK: 100

SYLLABUS/COMPONENT: 9698/01

PSYCHOLOGY
Core Studies 1

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Section A

Question	Description	Mark	Max
1a	Where psychological phenomena are examined in people from more than one cultural background. 1 mark partial, 2 marks full	2	4
1b	Any study (anecdotal or empirical) included in the Deregowski review. 1 mark partial, 2 marks full	2	
2a	Any two from: memory, belief, naming and reality. Actual questions acceptable, e.g. 'where is the marble now'. 1 mark identification, 2 marks full	2	4
2b	The belief question (1 mark) because they do not have a theory of mind (1 mark)	1 + 1	
3	One method was imitation - Washoe copied the Gardners' behaviour. Other method was behaviour shaping - successive approximations and operant reinforcement. 1 mark partial, 2 marks full for each	2 + 2	4
4a	Children made fewer errors when asked one question. 1 mark partial, 2 marks full	2	4
4b	Children may have been confused when asked the same question twice. 1 mark partial, 2 marks full	2	
5	Any two from: no informed consent from children; psychological harm in teaching aggression; any other appropriate suggestion acceptable. 1 mark partial, 2 marks full	2 + 2	4
6a	Oedipus: unconscious sexual feelings towards mother and wants father removed. 1 mark partial, 2 marks full	2	4
6b	Most likely: phobia of horses, fascination with widdler, giraffe episode. 1 mark partial, 2 marks full	2	
7a	Support: most dreams recalled in REM, e.g. 152/191 dreams recalled from REM; only 11/160 dreams recalled from NREM. Figures not required for max mark	2	4
7b	Against: very few dreams recalled from NREM, e.g. 39/191 report no dream from REM	2	
8a	That the two hemispheres are surgically divided by cutting the commissural fibres	2	4
8b	Most likely: In split brain patients presenting an object to right hemisphere means they cannot name that object (can if presented to left) but any appropriate answer acceptable	2	
9a	Any two from 6 cortical: lateral prefrontal, medial prefrontal, parietal, occipital, temporal, cingulate; OR from subcortical areas: corpus callosum, amygdala, medial temporal hippocampus, thalamus, putamen, globus pallidus, midbrain, cerebellum.1 mark each	2	4
9b	Most likely: NGRI's less activity in prefrontal and parietal; more in occipital. No difference in temporal. Less activity in corpus callosum. Less activity on left but more on right in amygdala and hippocampus compared to controls. Thalamus - more activity on right, no difference on left	2	

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10a	Most likely: full-blown violent seizures in three participants. Sign of extreme tension for two marks, other sign of tension 1 mark	2	
10b	Most likely: competing demands of two people; scientific authority versus pain and suffering; paid for time and obligation versus harm. 1 mark partial, 2 marks full	2	4
11a	Setting: subway train in New York not stopping between 59th and125th streets, taking over 7 minutes. More specifically a carriage. Drawings of layout of carriage acceptable. 1 mark partial, 2 marks full	2	
11b	Any appropriate methodological problem, e.g. observers may not get clear view from seating position in carriage. 1 mark partial, 2 marks full	2	4
12a	Maximum joint profit (highest total of two numbers) 9 and 24 = 33. 2 marks for correct answer. If several guesses are given 1 mark if correct answer is included	2	
12b	Maximum difference (between two numbers) 20 and 2 = 18. 2 marks for correct answer. If several guesses are given 1 mark if correct answer is included	2	4
13a	Moron - a person with a low mental age, initially set at 16 years but reduced to 12 years by Terman	2	
13b	Gould referred to the American nation. This was because their Army recruits scored an average mental age of 13 years. 1 mark for each	2	4
14a	Most likely answers: to replicate the 1939 study of Clark and Clark; to see how racial awareness developed; to see how attitudes changed over a thirty year period. Only one needed for 2 marks even though question asks for conclusions (plural). 1 mark partial, 2 marks full	2	
14b	Most likely answer: attitudes had changed: black children preferred black dolls at all ages	2	4
15a	Telephoned for appointment and on arrival claimed they could hear voices (empty, etc). 1 mark partial, 2 marks full	2	
15b	Diagnosed as having schizophrenia in most cases. Detained for between 7 and 52 days. Any answer accounting for the experiences of the pseudo-patients after admission is acceptable. 1 mark partial, 2 marks full	2	4

Partial/Full Answer

0 marks	No answer **or** incorrect answer
1 mark	Partially correct answer **or** correct but incomplete lacking sufficient detail or explanation to demonstrate clear understanding
2 marks	Correct answer with sufficient detail/explanation to demonstrate clear understanding

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Section B – Question 16

Question	Description	Marks
16a	**Describe the self report measures used in your chosen study.** **Freud** (little Hans) **Hodges and Tizard** (social relationships) **Thigpen and Cleckley** (multiple personality)	
	Freud: verbal comments from Hans and father	
	Hodges: interview with adolescent and mother. Q`nnaires adolescent and teacher	
	Thigpen: interviews and therapy sessions with Eve	
	No answer or incorrect answer	0
	Anecdotal description of self report, brief detail, minimal focus	1-3
	Appropriate self report measures identified, description shows some understanding. Some detail and expansion of measure	4-6
	Appropriate self report measures identified. Description is clear, has good understanding, is focused and well expressed. Good detail, each self report measure is explained fully	7-10
		Max mark 10
16b	**Outline the main findings of your chosen study.**	
	Freud: many pieces of evidence (giraffe episode, playing with widdler, etc.) supporting view that Hans is in phallic stage and Oedipus complex	
	Hodges: many findings of effect of ex-institutionals compared to controls (e.g. no special friend). Many findings from restored compared with adopted (e.g. adopted more caring)	
	Thigpen: they believed Eve had multiple personality disorder. Findings from various tests, e.g. IQ 104 compared to 110	
	No answer or incorrect answer	0
	Anecdotal description of self report, brief detail, minimal focus. Anecdotal evidence, general statements, minimal detail, minimal focus.	1-3
	Attempt to outline some of main findings though with omission of detail or lack of clarity (comment with some comprehension)	4-6
	Main findings identified and described in good detail. Outline is clear, focused and well expressed. Good selection of findings	7-10
		Max mark 10

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16c	**Using your chosen study as an example, what are the advantages and disadvantages of using self report measures?**	
	Likely answers (any appropriate point to receive credit) – Adv.: - can speak and express thoughts in detail - often no restrictions of specific questions or limited by an experimental design - qualitative data so not reduced to numbers for stats purposes Disadv.: - difficult to record/transcribe every word. May be random - may be bias in interpretation of psychologist - participant may not tell the truth - not scientific/objective. Qualitative so no statistics	
	No answer or incorrect answer	0
	Anecdotal description, brief detail, minimal focus. Very limited range. Description may be inaccurate incomplete or muddled	1-3
	One or two advantages and/or disadvantages. Description is brief with some understanding OR Advantages or disadvantages **only** which are focused on question For 4 marks as for 6-7 mark band For 5 marks as for 8-10 mark band	4-5
	Several advantages and disadvantages which are focused on question. Description is good with reasonable understanding. Some detail and expansion of key features	6-7
	Balance of advantages and disadvantages that are focused on question. Description is detailed with good understanding and clear expression. The arguments are well considered and reflect understanding which extends beyond the specific study	8-10
		Max mark 10
16d	**Suggest a different method for your chosen study and say what effect, if any, this would have on the results.**	
	No answer or incorrect answer	0
	Anecdotal suggestion, brief detail, minimal reference to question. Description may be inaccurate, incomplete or muddled	1-3
	Some appropriate suggestions which are focused on question. Description shows some understanding. Some detail and expansion of aspects allowing generalisation	4-6
	Range of appropriate suggestions which are focused on question. Description is detailed with good understanding and clear expression. The changes are well considered and reflect understanding of the area in question	7-10
		Max mark 10

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Section B – Question 17

Question	Description	Marks
17a	**Outline the main findings of your chosen study.** **Loftus and Palmer** (eyewitness testimony) **Schachter and Singer** (emotion) **Haney, Banks and Zimbardo** (prison simulation)	
	Loftus: study 1: smashed = faster mph than other verbs. Contacted slowest. Study 2: p's perceive broken glass that did not exist	
	Schachter: emotion = physiological and cognitive - behaviour of p's copied stooge in absence of other logical information	
	Haney: behaviour of prisoner/guard determined by role and situation	
	No answer or incorrect answer	0
	Anecdotal evidence, general statements, minimal detail, minimal focus	1-3
	Attempt to outline some of main findings though with omission of detail or lack of clarity (comment with some comprehension)	4-6
	Main findings identified and described in good detail. Outline is clear, focused and well expressed. Good selection of findings	7-10
		Max mark 10
17b	**Describe the sample of your chosen study and say how the participants were selected.**	
	Loftus: her own Univ. students. 45 in study 1 and 145 in study 2	
	Schachter: Univ. students again. Received course credits for participating	
	Haney: students again. Long selection procedure with Q'nnaires, etc.	
	No answer or incorrect answer	0
	Anecdotal description of sample, brief detail, minimal focus	1-3
	Appropriate aspect identified, description shows some understanding. Some detail and expansion of sample	4-6
	Appropriate aspect identified. Description is clear, has good understanding, is focused and well expressed. Good detail, each aspect explained fully	7-10
		Max mark 10

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17c	**Using your chosen study as an example, what are the advantages and disadvantages of using restricted samples of participants in psychological studies?**	
	Likely answers (any appropriate point to receive credit) – Adv.: - if Univ. students then readily available - if Univ. then will do study for credits/their teacher asks them - can generalise to parent population, e.g. all students/age range Disadv.: - more likely to 'conform' if teacher/for course credits - cannot generalise to other people who are not students/similar age - cannot generalise to other countries	
	No answer or incorrect answer	0
	Anecdotal description, brief detail, minimal focus. Very limited range. Description may be inaccurate, incomplete or muddled	1-3
	One or two advantages and/or disadvantages. Description is brief with some understanding OR Advantages or disadvantages **only** which are focused on question For 4 marks as for 6-7 mark band For 5 marks as for 8-10 mark band	4-5
	Several advantages and disadvantages which are focused on question. Description is good with reasonable understanding. Some detail and expansion of key features	6-7
	Balance of advantages and disadvantages that are focused on question. Description is detailed with good understanding and clear expression. The arguments are well considered and reflect understanding which extends beyond the specific study	8-10
		Max mark 10
17d	**Suggest a different sample for your chosen study and say what effect, if any, this would have on the results.**	
	No answer or incorrect answer	0
	Anecdotal suggestion, brief detail, minimal reference to question. Description may be inaccurate incomplete or muddled	1-3
	Some appropriate suggestions which are focused on question. Description shows some understanding. Some detail and expansion of aspects, with consideration of effect on results	4-6
	Range of appropriate suggestions that are focused on question. Description is detailed with good understanding and clear expression. The changes are well considered and reflect understanding of the area in question. Consideration of effect on results is appropriate	7-10
		Max mark 10

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INTERNATIONAL EXAMINATIONS

JUNE 2003

GCE A AND AS LEVEL

MARK SCHEME

MAXIMUM MARK: 50

SYLLABUS/COMPONENT: 9698/02

PSYCHOLOGY
Core Studies 2

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Section A

Question	Description	Mark	Max
1	Likely answers: deception = not a real victim; no consent to take part; no debriefing; may cause psychological harm. 1 mark = partial; 2 marks = full with detail/understanding	2 + 2	4
2a	Psychometric test = IQ test. Eve White 104, Black 110. 1 mark = identification; 1 mark = finding	2	4
2b	Likely answers: numbers do not *explain*. Does not have to be specific to study but can be, e.g. Eve may have faked result. 1 mark = partial; 2 marks = full with detail/understanding	2	
3a	Fact 1: Americans MA of 13; 2: people graded by country of origin; 3: Negroes lowest MA of 10.4. 1 mark = partial; 2 marks = full with detail/understanding	2	4
3b	Immigration acts of 1921/1924 limiting entry. Sterilisation laws in various states. 1 mark = partial; 2 marks = full with detail/understanding	2	
4a	Three possibilities: by estimating dots on screen; by artistic preference (Klee or Kandinsky); or randomly (as actually used). 1 mark = partial; 2 marks = full with detail/understanding	2	4
4b	Likely answers: complex prejudice and discrimination explained in terms of minimal groups/ingroup and outgroup. 1 mark = partial; 2 marks = full with detail/understanding	2	
5a	Likely answers: participants were male university students who gained course credits for taking part. 1 mark = partial; 2 marks = full with detail/understanding	2	4
5b	Likely answers: that emotion is not purely physiological; that emotion can be influenced by interpretation of situation; affected by those around. Usefulness of having university students available. 1 mark = partial; 2 marks = full with detail/understanding	2	

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Partial/Full Answer

0 marks	No answer **or** incorrect answer
1 mark	Partially correct answer **or** correct but incomplete lacking sufficient detail or explanation to demonstrate clear understanding
2 marks	Correct answer with sufficient detail/explanation to demonstrate clear understanding

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Section B

Question	Description	Marks
6a	**How was each of the studies different from everyday life?**	
	Haney et al (prison simulation); **Loftus and Palmer** (eyewitness testimony); **Dement and Kleitman** (sleeping and dreaming); **Milgram** (obedience)	
	Emphasis on study. Answers must be related to named studies. One point from each study	
	Likely answers: Haney et al: prison not a real prison; prisoners and guards volunteers. **Loftus**: car crash on videotape and watched in lab. **Milgram**: electric shocks not real, no shocks given in real life; **Dement**: not sleep in own bed; electrodes attached.	
	For each point up to a maximum of FOUR points	
	No answer or incorrect answer	0
	Identification of point relevant to question but not related to study OR comment from study but no point about ecological validity	1
	Identification of point about ecological validity and appropriate generalisation from study (comment with no comprehension)	2
	As above but with analysis (comment with comprehension) about what study tells us about ecological validity	3
		Max mark 10
6b	**What problems may psychologists have if they study behaviour in everyday life?**	
	Emphasis on problem. Answers must be supported with named studies. Each problem does not need a different study; can be same study.	
	Likely answers: may not be able to obtain consent, participants may withdraw; may not be able to manipulate one variable in isolation; may not be able to replicate; may not be able to generalise.	
	For each point up to a maximum of FOUR points	
	No answer or incorrect answer	0
	Identification of problem relevant to question with no example or evaluation OR problem with individual study itself (however detailed)	1
	Description of problem AND either relevant example OR evaluation	2
	Description of problem, relevant example and evaluative comment	3
		Max mark 10

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6c	**Studies conducted in a laboratory can tell us far more about behaviour and experience than studies carried out in everyday life. To what extent do you agree with this statement?**	
	Emphasis on comment. Answers supported with named or other studies/evidence.	
	No answer or incorrect answer	0
	One or two general statements which may be inaccurate, incomplete or muddled	1-2
	General statements are made that are focused on the question but are basic, lacking in detail and have no supporting evidence. For four marks there may be general statements with anecdotal evidence or vague reference to supporting psychological evidence	3-4
	A number of points are made which are focused on question and are generally accurate. There is some supporting psychological evidence but there is little detail and no attempt to justify the points OR as for 7-8 marks but with only 2 points	5-6
	Four points (best four) are made which are focused on the question and are accurate. There is supporting psychological evidence with an attempt to justify the points. There is increased detail but the range of arguments is limited and there may be an imbalance OR as for 9-10 marks but with only 3 points	7-8
	A range of different points (best four) is made which are accurate and show understanding. Each point has appropriate supporting psychological evidence. The arguments are well expressed, well considered, are balanced, and reflect understanding which extends beyond specific studies. There may well be a consideration of the implications and effects	9-10
	Max mark 10	
7a	**Describe how behaviour was measured in each study.**	
	Hraba and Grant (doll choice); **Gardner and Gardner** (Project Washoe); **Baron-Cohen, Leslie and Frith** (autism); **Deregowski** (perception)	
	Emphasis on study. Answers must be related to named studies. One point from each study	
	Any appropriate answer acceptable. Below are indicative only. **Hraba and Grant**: choice of doll in response to question **Gardner and Gardner**: imitative signing and/or creativity **Baron-Cohen, Leslie and Frith**: self reports of children **Deregowski**: self reports/behaviour of participants	

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	For each point up to a maximum of FOUR points	
	No answer or incorrect answer	0
	Identification of point relevant to question but not related to study OR comment from study but no point about measurement	1
	Identification of point about measurement and appropriate generalisation from study (comment with no comprehension)	2
	As above but with analysis (comment with comprehension) about what study tells us about psychometric measurement	3
	Max mark 10	
7b	**How valid were the measures used in the studies?**	
	Emphasis on problem. Answers must be supported with named studies. Each problem does not need a different study; can be same study.	
	Possible answers: **H and G**: may not measure self image/change in society **G and G**: is evidence gained really language? **B-C, L and F**: use of dolls; confusing instructions **Dereg**: initial reports by 'missionaries' are anecdotal	
	For each point up to a maximum of FOUR points	
	No answer or incorrect answer	0
	Identification of problem relevant to question with no example or evaluation OR problem with individual study itself (however detailed)	1
	Description of problem AND either relevant example OR evaluation	2
	Description of problem, relevant example and evaluative comment	3
	Max mark 10	
7c	**To what extent can we ever have accurate measurement of behaviour in psychology? Give reasons for your answer.**	
	Emphasis on point. Answers supported with named or other studies/evidence	
	No answer or incorrect answer	0
	One or two general statements which may be inaccurate, incomplete or muddled	1-2
	General statements are made that are focused on the question but are basic, lacking in detail and have no supporting evidence. For four marks there may be general statements with anecdotal evidence or vague reference to supporting psychological evidence	3-4

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	A number of points are made which are focused on question and are generally accurate. There is some supporting psychological evidence but there is little detail and no attempt to justify the points OR as for 7-8 marks but with only 2 points	5-6
	Four points (best four) are made which are focused on the question and are accurate. There is supporting psychological evidence with an attempt to justify the points. There is increased detail but the range of arguments is limited and there may be an imbalance OR as for 9-10 marks but with only 3 points	7-8
	A range of different points (best four) is made which are accurate and show understanding. Each point has appropriate supporting psychological evidence. The arguments are well expressed, well considered, are balanced, and reflect understanding which extends beyond specific studies. There may well be a consideration of the implications and effects	9-10
		Max mark 10
8a	**Describe what each study tells us about how children develop.**	
	Samuel and Bryant (conservation); **Bandura, Ross and Ross** (aggression); **Hodges and Tizard** (social relationships); **Freud** (little Hans).	
	Emphasis on study. Answers must be related to named studies. One point from each study	
	Likely answers: **Samuel and Bryant** conservation improves with age; **Bandura, Ross and Ross** children learn from adult models; **Hodges and Tizard** type of parent affects relationship in later life; **Freud** children progress through stages	
	For each point up to a maximum of FOUR points	
	No answer or incorrect answer	0
	Identification of point relevant to question but not related to study OR comment from study but not about development	1
	Identification of development and appropriate generalisation from study (comment with no comprehension)	2
	As above but with analysis (comment with comprehension) about development	3
		Max mark 10

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8b	**What are the advantages and disadvantages of studying children?**	
	Emphasis on problem. Answers must be supported with named studies. Each advantage and disadvantage does not need a different study; can be same study.	
	Likely answers: can learn about adults; about how children differ; how to programme learning; what to teach at what age, etc. Children are not like adults; children are difficult to study (language barriers); children conform	
	For each point up to a maximum of FOUR points. Must have 2 of each	
	No answer or incorrect answer	0
	Identification of problem relevant to question with no example or evaluation OR problem with individual study itself (however detailed)	1
	Description of problem AND either relevant example OR evaluation	2
	Description of problem, relevant example and evaluative comment	3
	Max mark 10	
8c	**Conclusions drawn from studies on children can never be generalised to adults. To what extent do you agree with this statement?**	
	Emphasis on comment. Answers supported with named (or other) studies/evidence	
	No answer or incorrect answer	0
	One or two general statements which may be inaccurate, incomplete or muddled	1-2
	General statements are made that are focused on the question but are basic, lacking in detail and have no supporting evidence. For four marks there may be general statements with anecdotal evidence or vague reference to supporting psychological evidence.	3-4
	A number of points are made which are focused on question and are generally accurate. There is some supporting psychological evidence but there is little detail and no attempt to justify the points OR as for 7-8 marks but with only 2 points	5-6
	Four points (best four) are made which are focused on the question and are accurate. There is supporting psychological evidence with an attempt to justify the points. There is increased detail but the range of arguments is limited and there may be an imbalance OR as for 9-10 marks but with only 3 points	7-8

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	A range of different points (best four) is made which are accurate and show understanding. Each point has appropriate supporting psychological evidence. The arguments are well expressed, well considered, are balanced, and reflect understanding which extends beyond specific studies. There may well be a consideration of the implications and effects	9-10
		Max mark 10

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JUNE 2003

GCE A AND AS LEVEL

MARK SCHEME

MAXIMUM MARK: 70

SYLLABUS/COMPONENT: 9698/03

PSYCHOLOGY
Specialist Choices

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Section A

Question	Description	Marks
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
	Max mark 2	
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, detailed	3
	Max mark 3 or 6	
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, detailed	3
	Max mark 3 or 6	
	Max mark for Question	**11**

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Section B

Question	Description	Marks
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
	Max mark for part (a)	**8**
b	**EVALUATION** [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
	ANALYSIS [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
	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 and argument	1
	Structure sound and argument clear and coherent	2
	Max mark for part (b)	**10**

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c	**APPLICATION** [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	1
	The assessment request has been applied effectively to the evidence. Appropriate suggestion. One or more detailed 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
	Max mark for part (c)	**6**
	Max mark for Question	**24**

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PSYCHOLOGY AND EDUCATION

Section A

Q1a	Explain, in your own words, what is meant by the term 'educational environment'	2
	Typically: features of the architecture and contents of any area where education takes place	
Q1b	Describe **two** design faults of a classroom environment that affect the performance and/or feelings of children	6
	1. Focus on building design: a. open plan schools versus 'traditional' designs. Traditional = formal; open plan = individualistic. Rivlin and 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). b. Some studies refer to effect of number of windows (e.g. Ahrentzen,1982); amount of light. c. Some to effects of temperature (e.g. 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 and Gump,1964): small have several advantages e.g. sense of belonging. 2. Focus on classroom layout: (a discovery learning room) with availability of resources; use of wall space: too much vs. too little (e.g. Porteus,1972). 3. Focus on seating arrangements: sociofugal vs. sociopetal (rows vs. horseshoe vs. grouped). 4. Classroom capacity: how many is room designed for and how many crammed in = lack of privacy, crowding = stress and poor performance.	
Q1c	Describe **one** study which suggests how a design fault may be overcome	3
	Most likely candidates will choose one aspect referred to in question part (b) above	
Q2a	Explain, in your own words, what is meant by the term 'motivation'	2
	Typically: the force that energises, directs and sustains behaviour	
Q2b	Briefly describe **one** theory of motivation in education	3
	Physiological theories of motivation are not relevant. **Behaviourist**: emphasise extrinsic praise and reward. Brophy (1981) lists guidelines for effective and ineffective praise. **Humanistic**: emphasise intrinsic motivation. The theories of Maslow (1970) self-actualisation, White (1959) competence motivation and Bandura (1981) self efficacy are relevant. **Cognitive**: Attribution theory of Weiner (1974) is relevant as is Rotter's locus of control.	

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	Other: McClelland (1953) achievement motivation and Birney (1969) motivated due to fear of failure.	
Q2c	Describe **two** ways in which motivation can be improved in the classroom	6
	Any appropriate answer, probably based on a theory as outlined in (b) above	

Section B

Q3a	Describe ways in which educational performance is assessed in schools	8
	This is difficult because assessment may vary according to different countries. What is required is any form of assessment that may be used in schools. This could be at a simple level such as a written piece of work (such as an essay) or a project or anything that teachers do as part of their work. 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 they focus on tests used by psychologists as a diagnostic aid.	
Q3b	Evaluate ways in which educational performance is assessed in schools	10
	NOTE: any evaluative point can receive credit, the hints are for guidance only. • the ethics of testing • reliability and validity • the implications of testing for teachers • the implications tests have for young children • the assumptions tests make about human behaviour	
Q3c	Giving reasons for your answer, suggest ways in which Priya could examine your knowledge of psychology	6
	Mark scheme guidelines apply in that any reasonable suggestion is acceptable. Here candidates are likely to apply what they have written about in part (a) to an examination revision for which they are unlikely to have prepared. This will therefore test their knowledge, understanding and application.	
Q4a	Describe what psychologists have discovered about teaching and/or learning styles	8
	Typically: the way in which a child learns best: may be formal or may be via discovery; may be practically based or reflective. Learning styles are for learner and teaching styles (not credited here) 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**	

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	(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 and Lytton (1968) found creativity better when informal approach used. Based on the work of Lewin et al, Baumrind (1972) outlines three styles: authoritarian, authoritative (i.e. democratic) and laissez-faire. Baumrind believes the authoritative style is most effective. 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.	
Q4b	Evaluate what psychologists have discovered about teaching and/or learning styles	10
	NOTE: any evaluative point can receive credit, the hints are for guidance only. • 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 • comparing/contrasting differing approaches	
Q4c	Giving reasons for your answer, suggest a learning style that could be applied to one area of your psychology course	6
	Mark scheme guidelines apply in that any reasonable suggestion is acceptable. 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	

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PSYCHOLOGY AND ENVIRONMENT

Section A

Q5a	Explain, in your own words, what is meant by the term 'climatological determinism'	2
	Typically: where behaviour is determined by the weather. Can involve probabilism and possibilism	
Q5b	Describe **two** studies showing the negative effects of climate and/or weather on social behaviour	6
	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. Heat also may or may not affect **helping** (e.g. Page, 1978) and **attraction** (e.g. Griffit,1970)	
Q5c	Describe **one** effect climate may have on health	3
	Heat may cause heat exhaustion (sweating) or heat stroke (no sweating) or heart attacks. Dark winters may also cause seasonal affective disorder	
Q6a	Explain, in your own words, what is meant by the term 'urban living'	2
	Definition is as term suggests - living (having a place of residence) in a relatively densely populated area	
Q6b	Describe **one** type of urban housing design	3
	Several possibilities here depending on what prevails in the country in which candidates live. One type is to build high-rise blocks of flats (e.g. Pruitt-Igoe in USA). Alternative is to build houses with 'parks and open gardens' and increase defensible space. An alternative (called urban homesteading in USA) is where occupants agree to 'code of conduct' in return for a house. Gentrification is the growth of middle class housing in areas that were previously deteriorated	
Q6c	Describe **two** weaknesses a type of urban housing design may have	6
	Most likely: if gentrification, then this has caused an increase in violent crime (in USA). People who once lived in these areas have to move elsewhere! If high-rise then all problems associated with Pruitt-Igoe apply	

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Section B

Q7a	Describe what psychologists have discovered about crowds/collective behaviour	8
	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. **Brown** (1965) classifies crowds according to their behaviours: 1. acquisitive crowd: Mrs Vaught (1928) where banks closed 2. apathetic crowd: Study of Kitty Genovese 3. expressive/peaceful crowd: Benewick and Holton (1987) interviewed people attending the visit of the Pope to Britain in 1982 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 5. aggressive crowd [often referred to as 'mob psychology'] 6. escaping crowd [panicky and non-panicky] **Explanations of aggressive crowd behaviour**: **Mob Psychology** of **Le Bon** (1895): otherwise normally civilised people become "barbarians" - wild and irrational, giving vent to irrational impulses. **Turner** (1974) proposed the **emergent norm theory**. **Zimbardo** (1969) **Deindividuation**: each person is nameless, faceless, anonymous and has diminished fear of retribution. **Laboratory studies of deindividuation** **Zimbardo** (1969) participants wore laboratory coats and hoods that masked their faces. Similarly, **Prentice-Dunn and Rogers** 1983, gave Pps the opportunity to give a "victim" an electric shock. **Milgram** (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. **Deindividuation in children**: **Diener** et al (1976) looked at deindividuation in children, using Hallowe'en and Trick or Treat as the scenario. **Social constructionism and aggressive crowds**: **Reicher** (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	
Q7b	Evaluate what psychologists have discovered about crowds/collective behaviour	10
	NOTE: any evaluative point can receive credit, the hints are for guidance only • comparing and contrasting explanations • how psychologists gather their data • the ethics of various studies • generalisability from studies: sample ethnocentrism: method	
Q7c	Using your psychological knowledge suggest what may be done to control the behaviour of crowds in emergency situations	6
	One crucial factor is to have sufficient exits. Smelser (1964) suggests people don't panic if escape routes are sufficient. Candidates may focus on what can be done to **prevent panic** and	

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	look at evacuation messages (e.g. Loftus) or the follow me/follow directions dilemma of Sugiman and Misumi (1988)	
Q8a	Describe what psychologists have discovered about personal space and/or territory	8
	Lots that could be included here. Focus could be on space, territory, or both. Candidates may begin with definitions or look at types: alpha personal space = objective, externally measurable distance; beta personal space = subjective experience of space. They could look at the functions of personal space such as OVERLOAD (Scott, 1993), INTIMACY EQUILIBRIUM (Argyle and Dean, 1965), ETHOLOGICAL MODEL (Evans and Howard, 1973), PROXEMICS (Hall, 1966), PRIVACY REGULATION (Altman, 1975). Candidates may make a distinction between territory and personal space. Candidates may look at how personal space is measured: simulation; stop-distance; naturalistic observation or direct invasion of space. 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. Territory differs from personal space in relation to size, boundaries, location and constancy. Altman (1975): types of territory. 1. Primary territory: "a private area owned by an individual"; 2. Secondary territory: "an area that is used regularly but is shared with others"; 3. Public territory: "can only be occupied temporarily on a first come first served basis". Gender differences: Males claim larger territories than females, e.g. Smith et al (1981) beach study; Jason et al (1981) study of women on a beach. Sundstrom and Sundstrom (1977) similar study but on bench. Cultural differences: Smith et al (1981): French and German beaches; Edney et al (1974) US beaches found: French less territorial; Germans much more marking. Worchel and Lollis (1982) compared Greek with American responses to dropped bags of litter. Defence of public territory: Ruback and Snow (1993) person drinking at water fountain invaded. Found non-conscious racism: White invaded by white left quickly. African-Americans stayed longer when invaded by white. Ruback et al (1989) those on phone spent longer on phone when someone else was waiting than in a no-one waiting control. Defence of primary territory (e.g. home): Newman (1976): defensible space: physical space that is characterised by a high level of social responsibility and personal safety. Certain buildings are more likely to be vandalised/burglarised because of their	

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	design. Evidence from Pruitt-Igoe building: 33 high-rise blocks each with 80 apartments. After 3 years = very high crime rate and 70% were empty. Why? Newman: (1) zone of territorial influence - an area which appears to belong to someone; (2) opportunities for surveillance - if it can be seen by occupants, then no vandalism. High-rise have many semi-public areas: entrance-halls, lifts = not belong to anyone so no markers so vandalism. Also no opportunities for surveillance so vandalism. Pruitt-Igoe - one had a chain fence around it. Vandalism 80% lower than other buildings and vacancy rate 5%	
Q8b	Evaluate what psychologists have discovered about personal space and/or territory	10
	NOTE: any evaluative point can receive credit, the hints are for guidance only. • the strengths and weaknesses of the methods used by psychologists to gain their evidence • issues relating to individual and/or cultural differences • the implications the evidence has for society • comparing and contrasting theoretical explanations	
Q8c	Giving reasons for your answer, suggest ways in which people defend **either** primary **or** public territory	6
	Any appropriate suggestion to receive credit - any aspect from Q8a above	

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PSYCHOLOGY AND HEALTH

Section A

Q9a	Explain, in your own words, what is meant by the term 'acute pain'	2
	Typically: pain that is present for a short period of time (distinct from chronic pain which is long-term)	
Q9b	Outline **two** ways in which pain can be measured in adults	6
	No distinction here between chronic and acute. 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. psychophysiological measures: use of EMG, ECG and EEG	
Q9c	Describe **one** way of measuring pain in children too young to talk	3
	Most likely possibilities include: (a) rating scales: e.g. visual analogue scale and category scale (b) psychometric measure such as PPQ (paediatric pain questionnaire) (c) behavioural assessment such as UAB	
Q10a	Explain, in your own words what is meant b the term 'lifestyles'	2
	Typically: the ways in which people live which may be harmful to their health or maintaining health existence through health protective behaviours	
Q10b	Describe **two** main health enhancing behaviours	6
	Several types of answer here. (1) basic such as 'eating healthily'; 'not smoking', etc. and 'going to doctor'. (2) those which are a little more psychologically informed and use psychological evidence e.g. Harris and Guten (1979) American study which found the three most common health protective behaviours were eating sensibly, getting enough sleep and keeping emergency numbers by the phone. Similarly **Turk et al** (1984) studied American nurses, teachers and college students. Found: Nurses = emergency numbers, destroying old medicines, having first aid kit. Teachers = watching weight, seeing dentist regularly, eating sensibly. Students = getting exercise, not smoking, spending time outdoors. (3) those which look at what people do to protect their health: **Primary Prevention (health behaviour)** consists of actions taken to avoid disease or injury**. Secondary Prevention (illness behaviour)** is where actions are taken to identify and treat an illness or injury early with the aim of stopping or reversing the problem. **Tertiary Prevention (sick role behaviour)** ranges from seeing a practitioner and filling a prescription to when a	

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	serious injury or a disease progresses beyond the early stages and leads to lasting or irreversible damage	
Q10c	Describe **one** cultural difference in health behaviours	3
	Several possibilities.	

Section B

Q11a	Describe what psychologists have discovered about stress	8
	So much that could be included here. Most likely candidates will focus on measures of stress or ways of controlling (see syllabus). Management aspects appear in question part (c), so measurement here. There are two main measures: physiologically and psychologically: • Physiologically by recording devices sphygmomanometer - recording blood pressure galvanic skin response - recording skin conductivity heart rate - pulse or ECG polygraph - combines all above • Physiologically by sample tests blood or urine samples - record levels of hormone (i) cortico-steroids and (ii) catecholamines. • Psychologically by Questionnaire based on life events Holmes and Rahe (1967) *Social Readjustment Scale.* Sarason et al (1978) *Life Experiences Survey.* 57 items rated on a 7 point scale (+3 to -3) items such as 'major change in financial status' Dohrenwend et al 1978 PERI *Life Events Scale.* 102 items on a 'gain, loss or ambiguous' outcome. Are 11 topic areas (family, health, work, etc.) Lewinsohn et al (1985) *Unpleasant Events Schedule*. 320 items in categories on a 3 point scale. Coddington (1972) *Life Events Record.* A non-adult version for children and adolescents • Psychologically by Questionnaire based on daily hassles Kanner et al (1981) *Hassles and Uplifts checklist* Shaffer (1992) Hassles for students • Psychologically by Questionnaire based on personality Friedman and Rosenman (1974) *Type A personality* and all subsequent work Psychologically by Questionnaire other causal factors (such as work), e.g. Professional Life Stress Scale	
Q11b	Evaluate what psychologists have discovered about stress	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	

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	• the assumptions made about human nature • how psychologists gain their evidence in this area	
Q11c	Using your psychological knowledge, suggest ways in which stress can be managed	6
	Candidates may well have mentioned aspects of managing stress in question part (a), so indicative content included here also applied above. Candidates may focus on **coping** with stress which is the process by which people try to manage the perceived discrepancy between the demands and resources they appraise in a stressful situation (Sarafino, 1991). Lazarus et al (1979) coping serves two functions: (1) **Problem-focused coping** involves attempts to change the situation causing the problem: changing job; new study strategy; time management course, etc. Used when people feel they can control the situation. (2) **Emotion-focused coping** aims to control the emotional response and can consist of (a) behavioural approaches, e.g. taking alcohol or drugs; (b) cognitive approaches (aka intrapsychic processes) involving how people think about a situation/event such as cognitive redefinition. Can also include Freud's defence mechanisms (denial, intellectualisation, suppression). Candidates may focus on stress management and consider: (1) **Medical/pharmacological solutions**. This perspective believes that stress can be relieved medically by use of drugs (good ditty eh: at-a-van = drug ativan). Main types prescribed are: (a) benzodiazepines (trade names valium, librium, etc.) reduce physiological arousal and feelings of anxiety by activating a neurotransmitter that decreases neural transmission; (b) beta-blockers (inderal) reduce physiological arousal and feelings of anxiety by blocking neurones stimulated by adrenaline. Psychologists have learned that drugs cause many problems. (2) **Psychological solutions**. 1: (behavioural/cognitive strategies) can include **progressive relaxation** (Jacobsen, 1938); **systematic desensitisation** (Wolpe,1958); **biofeedback**; and **modelling**. **Psychological solutions**. 2: (cognitive/behavioural) can include **cognitive restructuring** (Lazarus, 1981); **rational-emotive therapy** (Ellis, 1962) and **multi-modal therapy** (Lazarus,1981); **imagery** (Bridge et al, 1988). (3) **Alternative strategies** involving meditation, hypnosis or yoga. (4) Providing **social support** may also help (e.g. Cohen and Willis, 1985). Some candidates may consider ways of reducing post-traumatic stress which is legitimate	
Q12a	Describe what psychologists have found out about adherence to medical advice	8
	Lots of possibilities here from a vast area. Candidates could focus on one or more of the following: • **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** [1] **Subjective** [a] ask practitioner to estimate: [b] ask patient to estimate (self-report): [c] estimate of	

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	family member/medical personnel. [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 82) fluoresces under ultraviolet light. [e] recording number of appointments kept. • **Why patients do and don't adhere to advice** [1] **Disease/Medical treatment programmes** [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. [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: (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.). (2) common sense: Leventhal (1982) model where patients' own views about their illness can contradict doctor instructions and treatment. (3) Becker and 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. (4) Fishbein and Ajzen's theory of reasoned action is appropriate. (5) Stanton's (1987) model of adherence behaviour is pertinent. [3] **Cultural factors** [4] **Relationship between person and medical service** [a] Speed of service; [b] Practitioner's personality: Byrne and 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 and Britten (1995): is a woman doctor better than a man	
Q12b	Evaluate what psychologists have found out about adherence to medical advice	10
	NOTE: any evaluative point can receive credit, the hints are for guidance only. • how psychologists gained their evidence • individual differences • cultural differences • implications for patient's health and/or practitioner satisfaction	

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Q12c	Using psychological evidence, suggest what can be done to improve patients' adherence rates to the requests of medical practitioners	6
	By no means exhaustive list of possibilities include: (a) changing physician behaviour (DiMatteo and DiNicola, 1982); sending Doctors on training courses (b) changing communication style (Inui et al, 1976) (c) change information presentation techniques (Ley et al, 1982) (d) have the person state they will comply (Kulik and Carlino,1987) (e) provide social support (Jenkins,1979) and increase supervision (McKenney et al, 1973). (f) behavioural methods: practitioners; give prompts and reminders; encourage self monitoring; provide targets and contracts	

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PSYCHOLOGY AND ABNORMALITY

Section A

Q13a	Explain, in your own words, what is meant by the term 'diagnosis'	2
	Typically: practitioner weighing up evidence such as symptoms and deciding what classified illness the patient has	
Q13b	Describe symptoms of **one** abnormality of your choice	3
	Most likely: choice from wide range	
Q13c	Describe **two** problems with diagnosing the abnormality of your choice	6
	Most likely: again, choice could be anything	
Q14a	Explain, in your own words, what is meant by the term 'model of abnormality'	2
	Typically: collection of assumptions concerning the way abnormality is caused and treated. Includes medical, psychological (behavioural, psychodynamic, etc.)	
Q14b	Briefly describe **one** model of abnormality	3
	Most likely: could be medical model, behavioural, cognitive, cognitive-behavioural, psychodynamic or other	
Q14c	Give **two** treatments that are based on a model of abnormality	6
	Most likely: treatments are wide-ranging and depend on chosen model	

Section B

Q15a	Describe what psychologists have found out about abnormal affect	8
	Typically: abnormal affect concerns disorders of mood and emotion, most typically depression and mania or manic depression	
Q15b	Evaluate what psychologists have found out about abnormal affect	10
	NOTE: any evaluative point can receive credit, the hints are for guidance only. • points about defining and categorising abnormality • cultural and individual differences • comparing and contrasting explanations of cause • implications of individual and society	
Q15c	Giving reasons for your answer, suggest ways in which depression can be treated	6
	Most likely: **ECT** (electroconvulsive therapy)/electroplexy is very common. **Chemotherapy** also common. Tranquilizers (e.g. chlorpromazine) for manic episodes and lithium for both manic	

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	and depressive episodes. **Psychotherapy** also a possibility but less common and less successful	
Q16a	Describe what psychologists have learned about cultural, societal and individual differences in abnormality	8
	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. 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	
Q16b	Evaluate what psychologists have learned about cultural, societal and individual differences in abnormality	10
	NOTE: any evaluative point can receive credit, the hints are for guidance only. • points about defining and categorising abnormality • cultural and individual differences • comparing and contrasting explanations of cause • implications of individual and society	
Q16c	Giving reasons for your answer, suggest how treatments for an abnormality of your choice have differed according to culture, society or individual	6
	Most likely: depending on abnormality chosen, treatments will either be medical (drugs) or psychological (cognitive-behavioural or psychodynamic) or alternatives (hypnosis, etc.)	

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PSYCHOLOGY AND ORGANISATIONS

Section A

Q17a	Explain, in your own words, what is meant by the term 'communication networks'	2
	Typically: the passage of information between one person or group to another person or group	
Q17b	Briefly describe **one** communication network	3
	Most likely is the communication network of Leavitt. Is circle or wheel network; 'y' shape and others too	
Q17c	Describe **two** ways in which upward communication flow could be improved	6
	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 and Rosen's** (1985) the MUM effect, the reluctance to tell superiors of something bad	
Q18a	Explain, in your own words, what is meant by the term 'motivation to work'	2
	Typically: the force that energises, directs and sustains behaviour	
Q18b	Briefly describe **two** ways in which motivation to work can be improved.	6
	Most likely: through rewards which could be financial or in the form of benefits and or bonuses/incentive schemes; improvement in work hours; physical conditions, equipment	
Q18c	Give **one** reason why motivation and performance are not always related	3
	Most likely: many factors affect performance; motivation is one of them. So, a motivated worker may not produce the most or perform the best	

Section B

Q19a	Describe what psychologists have found out about human resource practices	8
	HRM looks at performance appraisal, reward systems and personnel selection processes. There are many aspects to performance appraisal such as job analysis. More detail to be added as appropriate	
Q19b	Evaluate what psychologists have found out about human resource practices	10
	NOTE: any evaluative point can receive credit, the hints are for guidance only. • issues concerning reliability and validity	

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	• assumptions made by appraisal techniques • implications of HRM practices for leader-worker relationships • the usefulness of HRM practices	
Q19c	If you owned a company, how would you appraise the performance of your employees? Give reasons for your answer	6
	Any appropriate answer acceptable, but most likely: 'hard' performance criteria (number of items produced per hour); 'soft' performance involves subjective judgements by a line manager. Could involve some comparison with another worker, could use a checklist, a graphical rating scale, a behaviourally anchored rating scale, a behavioural observation	
Q20a	Describe what psychologists have discovered about organisational work conditions	8
	Riggio (1990) divides work conditions into **physical conditions** such as illumination, temperature, noise, motion, pollution and aesthetic factors such as music and colour; and **psychological conditions** 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. Another distinction is between a **mechanistic design** (chip making at McDonalds has 19 distinct steps and so has distinct rules to follow but little satisfaction) and an **organic structure** where a broad knowledge of many different jobs, with increased satisfaction, is required. Mintzberg (1983) has gone a step further and he outlines **five organisational types**: simple, machine, professional, divisional and adhocracy which involve five elements (operating core e.g. teachers; strategic apex, e.g. management; support staff, etc.). **Work schedules** are somewhat more specific but can include *compressed work weeks* and *flexitime* in addition to *shift work.* Pheasant outlines primary chronic fatigue, karoshi (Japanese for sudden death due to overload). Minor effects = sleep disturbance, physical and mental	
Q20b	Evaluate what psychologists have discovered about organisational work conditions	10
	NOTE: any evaluative point can receive credit, the hints are for guidance only. • individual differences in responses to work conditions • the assumptions made about human behaviour • the methods used by psychologists to gain their evidence • implications for the design of work conditions	
Q20c	Giving reasons for your answer, suggest how work conditions and schedules may be organised to reduce their adverse effects	6
	Work conditions (above) can be counteracted by, for example, wearing headphones to reduce noise, etc. All agree shiftwork bad.	

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	How counteract? Two schools of thought: *rapid rotation theory* - based on frequent change and preferred by workers who only do same shift for short time. Two options: (1) *metropolitan rota* - 2 early, 2 late, 2 night, 2 rest. (2) *continental rota* - 2 early, 2 late, 3 night, 2 rest, then 2 early, 3 late, 2 night, 3 rest, etc. (3) *Slow rotation theory* - should change as infrequently as possible to minimise effects but not popular (night shift for 1 month?)	

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