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GCE Advanced Subsidiary Level and GCE Advanced Level

MARK SCHEME for the November 2003 question papers

9698 PSYCHOLOGY

9698/01	Paper 1 (Core Studies 1), maximum raw mark 100
9698/02	Paper 2 (Core Studies 2), maximum raw mark 50
9698/03	Paper 3 (Specialist Choices), maximum raw mark 70

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

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

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

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

CIE is publishing the mark schemes for the November 2003 question papers for most IGCSE and GCE Advanced Level syllabuses.

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INTERNATIONAL EXAMINATIONS

NOVEMBER 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	Any two from: smashed, bumped, hit, collided, contacted. 1 mark each.	1+1	
1 b	Information gained from perceiving the event (original memory) and Information received after the event (after the fact memory).	1+1	4
2a	Any two from: height in plane, relative/familiar size, overlap/superimposition. 1 mark each.	2	
2b	Gradient of texture and clarity do not apply. Description of depth cue as applied in study from one of remaining three (see above) 1 mark partial, 2 marks full	2	4
3	Name of sign and description of what sign looks like required. There are 28 possibilities which are too long to list here. Refer to article or Gross for details. 1 mark for naming, 1 for basic description.	2+2	4
4a	Ability to realise that critical attributes of an object remain the same even though its appearance may change.	2	
4b	Piaget suggests 7 years (for preop to op) so test 6 year olds to see and just to prove Piaget totally wrong tested 5 year olds too.	2	4
5a	The children were either restored to their biological parents or they were adopted. 1 mark for each.	1+1	
5b	Most likely: were adult oriented, peer problems, no special friend, little selection for special friend, no emotional support from peers. 1 mark partial, 2 marks full	2	4
6a	Any advantage related to study. Most likely: can study Hans in lots of detail. 1 mark partial, 2 marks full	2	
6b	Any disadvantage related to study. Most likely: cannot generalise from Hans to other children. 1 mark partial, 2 marks full	2	4
7a	Patients were suffering from severe epilepsy e.g. two major attacks per week. Surgery would reduce possibly remove attacks. 1 mark partial, 2 marks full	2	
7b	Epilepsy significantly reduced. E.g. no fit for over five years in one patient, another seizure free for four years. Less successful in two others. 1 mark partial 2 marks full	2	4
8a	PET scan (positron emission tomography) uses radioactivity to label blood, blood sugars or neurotransmitters such as dopamine. 1 mark partial, 2 marks full	2	
8b	Most likely answers: images can be misinterpreted, brain activity could have many causes. 1 mark partial 2 marks full	2	4
9a	Any two from most likely: no actual shock; acting by learner; not study on learning and memory; teacher & learner not random. 1 mark each.	2	
9b	Most likely answers: use of prods such as 'the experiment requires that you continue'. Payment for participating. 1 mark partial 2 marks full	2	4
10a	Uniform: loose smock, ankle chain, no underwear, hair 'net' 2 features for 2 marks.	2	
10b	Most likely: depersonalised, emasculated, deindividuated. 1 mark partial, 2 marks full explanation.	2	4

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11a	Most likely: lab study = diffusion of responsibility. What about field/real life? 1 mark partial, 2 marks full	2	
11b	Most likely: breaking of ethical guidelines. Only one train in US. Any appropriate response creditworthy. 1mark partial, 2 marks full	2	4
12a	Eugenicists believe intelligence is inherited and that the stupid, useless and weak should be prevented from having children at least; at worst = ethnic cleansing.	2	
12b	Most likely: some innately stupid races have very intelligent people such as Jewish Einstein. People with experience in the United States improved their test scored, showing intelligence cannot be inherited. 1 mark partial, 2 marks full	2	4
13a	Sample: 160 children aged between 4 and 8 years who attended five primary schools in Lincoln, Nebraska. 89 were black (60%) and 71 were white (40%). 1 mark partial, 2 marks full.	2	
13b	Any **two** from the list of 8 which are too much to list here! Answers do not need to be 100% accurate to achieve the 1 mark on offer	1+1	4
14a	71% of psychiatrists and 88% of nurses/orderlies moved on with head averted; only 23% and 10% made eye contact; only 2% and 2% paused and chatted. 1 mark partial, 2 marks full.	2	
14b	Most likely: powerless and depersonalised. 1 mark partial, 2 marks full.	2	4
15a	Any from: IQ test; Rorschach test used. 1 mark partial, 2 marks full.	2	
15b	Rorschach revealed: profile of black healthier (whatever that means!); personality of white repressive; of black regressive. IQ's of 104 and 110. 1 mark partial, 2 marks full. EEG is not psychological, but worth 1 mark even if explained.	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

Q	Description	marks
Q16a	**Describe the procedure of your chosen study.**	
	Bandura, Ross and Ross (aggression) **Schachter and Singer** (emotion) **Dement and Kleitman** (sleep and dreaming)	
	Bandura: children taken to room; settle in then observe model behaving aggressively or not. Taken to another room. Will imitate or not? **Schachter:** Given injection of epinephrine or not; given false instructions then exposed to stooge behaving angrily or euphorically. **Dement:** sleep in lab with electrodes attached. EEG's of eye movements and brain waves. Woken when in REM or NREM and asked questions.	
	No answer or incorrect answer.	0
	Anecdotal evidence, general statements, minimal detail, minimal focus.	1-3
	Attempt to outline some of main aspects of procedure though with omission of detail or lack of clarity (comment with some comprehension).	4-6
	Main aspects of procedure identified and described in good detail. Outline is clear, focused and well expressed. Good selection of aspects of procedure.	7-10
	max mark	10
Q16b	**Outline the controls that were applied to the participants and the situation in your chosen study**	
	Bandura: same items in all rooms. Exposure to model for same time. Design balanced for male/female children/models. Aggression matched initially. Same observation categories. **Schachter:** epinephrine and placebo groups. Differing information groups, differing stooges who perform same routine. **Dement:** all sleep in lab with electrodes attached. Controlled environment. All asked same questions. All no caffeine, etc.	
	No answer or incorrect answer.	0
	Anecdotal description of controls, brief detail, minimal focus.	1-3
	Appropriate controls identified, description shows some understanding. Some detail and expansion of control.	4-6
	Appropriate controls identified. Description is clear, has good understanding, is focused and well expressed. Good detail each control explained fully.	7-10
	max mark	10
Q16c	**What are the advantages and disadvantages of applying these controls?**	
	Adv: lab = reduction of irrelevant variables, controlled environment. Adv: control of materials/procedure ensures equality across participants Disadv: often behaviour is in lab and not natural; may affect behaviour Disadv: is reductionist; may isolate variables from other influencing factors.	
	No answer or incorrect answer.	0
	Anecdotal description, brief detail, minimal focus. Very limited range. Description may be inaccurate, incomplete or muddled.	1-3
	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 which 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

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Q16d	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

Section B Question 17

Q	Description	marks
Q17a	**Outline the main findings of your chosen study.**	
	Samuel and Bryant (conservation) **Baron-Cohen, Leslie and Frith** (autism) **Tajfel** (intergroup discrimination)	
	Samuel: the older the child, the fewer conservation errors made. One question produces fewer errors than two questions. Volume most errors. **Baron-C:** Downs syndrome and 'normal' correct on belief question; autistic not. Theory of mind nothing to do with age or intelligence. **Tajfel:** boys in study discriminate against out-group - went for maximum difference rather than other two options.	
	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
Q17b	**Describe the procedure of your chosen study explaining how it is a snapshot study.**	
	Samuel: children tested by asking Q, transforming then asking question. All done in few minutes. **Baron-C:** MA tested. Shown dolls who do various things then asked four questions. All done in a few minutes. (except for MA test) **Tajfel:** boys judge dots/pictures then put into groups then given matrix. Make judgement then 'go home'.	
	No answer or incorrect answer.	0
	Anecdotal description of snapshot, brief detail, minimal focus.	1-3
	Appropriate aspect identified, description shows some understanding. Some detail and expansion of snapshot study.	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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Q17c	Using your chosen study as an example, what are the advantages and disadvantages of using snapshot studies in psychological research?	
	Adv: quick, and not time consuming for participant. Adv: result and findings published so very up to date Disadv: isolates behaviour; is reductionist? Disadv: is behaviour at that time only- result may depend on mood at time Disadv: may ignore reasons why a behaviour is performed.	
	No answer or incorrect answer.	0
	Anecdotal description, brief detail, minimal focus. Very limited range. Description may be inaccurate, incomplete or muddled.	1-3
	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 which 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

Q17d	Suggest how a longitudinal study could be used 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 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. Consideration of effect on results of appropriate.	7-10
	max mark	10

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NOVEMBER 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

1a	Most likely answers: video tape sitting comfortably & attentive; video panorama limited; sound different; less emotional response. 1 mark for each point.	1+1	
1b	Ecol val improved by going into world, possibly staging a mock accident when participants are not expecting it. 1 mark = partial; 2 marks = full with detail/understanding.	2	4
2a	Psychometric measures are reliable and standardised tests. 1 mark=partial; 2 marks=full with detail/understanding.	2	
2b	Likely answers: no appropriate test; no-one else to compare with; test would not reveal sufficient detail. 1 mark = partial; 2 marks=full with detail understanding.	2	4
3a	Other groups: normal children and Downs syndrome children 1 mark for naming each.	1+1	
3b	Likely answers: can only record observable responses, do not know how processes are actually functioning; other? 1 mark = partial; 2 marks=full with detail/understanding.	2	4
4a	Validity: measures what it claims = By asking adults/mother the same question. 1 mark = partial; 2 marks = full with detail/understanding.	2	
4b	Reliability: is consistent: By asking them again 1 week later (test-retest. 1 mark = partial; 2 marks = full with detail understanding.	2	4
5a	All (bar one) were diagnosed with schozophrenia. Left with diagnosis of schizophrenia in remission. 1 mark = partial; 2 marks = full with detail/understanding.	2	
5b	Participants called mental hospital for appt; claimed hearing voices; assessment at mental hospital. This situation = likely to lead to a diagnosis of mental illness. 1 mark = partial; 2 marks = full with detail/understanding.	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 6

Q	Description	marks
Q6a	**Describe what each study tells us about ethnocentrism.**	
	Hraba and Grant (doll choice); **Gould** (IQ testing); **Tajfel** (intergroup discrimination); **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:** white children were ethnocentric **Gould:** assumptions about intelligence and various peoples **Tajfel:** ingroup favouritism & outgroup discrimination **Deregowski:** assumptions about perception	
	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 ethnocentrism.	1
	Identification of point about ethnocentrism and appropriate generalisation from study (comment with no comprehension).	2
	As above but with analysis (comment with comprehension) about what study tells us about ethnocentrism.	3
	max mark	10
Q6b	**What problems may psychologists have when they study different groups of people?**	
	Emphasis on problem. Answers must be supported with named studies. Each problem does not need a different study; can be same study.	
	possible answers: ethnocentrism of experimenters language and communication barriers no culture-fair standardised test on which to make comparisons problems of studying wide enough range of cross cultural studies.	
	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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Q6c	Why is it useful to study ethnocentrism? Give reasons for your answer.	
	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
	a. One or two general comments which are focused on question but are basic and lacking in detail. b. Comments have sparse explanation or supporting statements and are lacking in detail and understanding. c. There may be no supporting psychological evidence for three marks or vague reference for four marks. d. There may be no arguments or evaluation for three marks or for four marks arguments are superficial and evaluation is sparse or generalised.	3-4
	a. A number of points is made each of which is focused on question and is generally accurate. b. Points have some explanation and/or supporting comment. There is reasonable detail and understanding. Explanation may not be consistent. c. Psychological evidence is referred to occasionally but it is not developed. d. There may be one or two arguments (or more but which are superficial) and evaluative comments may be basic or generalised and lack coherence. There may be an imbalance in arguments presented.	5-6
	a. A range of different points is made each of which is focused on question and is accurate. b. Detailed and clear explanation with understanding good throughout c. Effective psychological evidence is frequent. d. Each point has some argument and evaluative comment. However, there is a lack of consistent argument. There may be an imbalance in arguments presented.	7-8
	a. A range of different points is made each of which is focused on question and is accurate. b. Detailed answer where clarity of explanation is very good throughout and understanding extends beyond specific studies. c. Psychological evidence is used effectively throughout the answer. d. There is a consistent argument, evaluative comments are well considered and there is a balance or arguments. There may well be a consideration of the implications and effects.	9-10
	max mark	10

Section B, Question 7

Q	Description	marks
7a	**How did the psychologists make it difficult for participants to withdraw in each of the studies?**	
	Gardner & Gardner (Washoe); **Bandura, Ross and Ross** (aggression); **Piliavin, Rodin & Piliavin** (subway samaritans); **Milgram** (obedience).	
	Emphasis on study. Answers must be related to named studies. One point from each study	
	likely answers: **Gardner** & **Gardner:** Washoe captive and given no choice; **Bandura, Ross and Ross** children in study because parents gave consent; **Piliavin:** participants in railway carriage which did not stop for 7 minutes; **Milgram:** succession of prods given to participants.	
	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 withdrawal.	1
	Identification of withdrawal and appropriate generalisation from study (comment with no comprehension).	2
	As above but with analysis (comment with comprehension) about withdrawal.	3
	max mark	10

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Q7b	**Comment on the arguments for and against giving participants the right to withdraw.**	
	Emphasis on problem. Answers must be supported with named studies. Each advantage or disadvantage does not need a different study; can be same study.	
	likely answers: captive so must participate in study preventing withdrawal leads to interesting response in itself no psychologist has right to detain humans or animals(!) if right given interesting to see who withdraws and when	
	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
Q7c	**Can unethical experiments ever be justified? Give reasons for your answer.**	
	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
	a. One or two general comments which are focused on question but are basic and lacking in detail. b. Comments have sparse explanation or supporting statements and are lacking in detail and understanding. c. There may be no supporting psychological evidence for three marks or vague reference for four marks. d. There may be no arguments or evaluation for three marks or for four marks arguments are superficial and evaluation is sparse or generalised.	3-4
	a. A number of points is made each of which is focused on question and is generally accurate. b. Points have some explanation and/or supporting comment. There is reasonable detail and understanding. Explanation may not be consistent. c. Psychological evidence is referred to occasionally but it is not developed. d. There may be one or two arguments (or more but which are superficial) and evaluative comments may be basic or generalised and lack coherence. There may be an imbalance in arguments presented.	5-6
	a. A range of different points is made each of which is focused on question and is accurate. b. Detailed and clear explanation with understanding good throughout. c. Effective psychological evidence is frequent. d. Each point has some argument and evaluative comment. However, there is a lack of consistent argument. There may be an imbalance in arguments presented.	7-8
	a. A range of different points is made each of which is focused on question and is accurate. b. Detailed answer where clarity of explanation is very good throughout and understanding extends beyond specific studies. c. Psychological evidence is used effectively throughout the answer. d. There is a consistent argument, evaluative comments are well considered and there is a balance or arguments. There may well be a consideration of the implications and effects.	9-10
	max mark	10

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Section B, Question 8

Q	Description	marks
Q8a	**For each study, describe the physiological processes that affect behaviour.**	
	Schachter and Singer (emotion) **Sperry** (split brain) **Dement and Kleitman** (dreaming) **Raine, Buchsbaum & LaCasse** (brain scans)	
	Emphasis on study. Answers must be related to named studies. *One point from each study.*	
	Schachter and Singer: emotion has physiological component. **Sperry:** behaviour determined by interaction of hemispheres. **Dement and Kleitman** EEG, EOG, EMG etc. measure sleep/REM. **Raine, Buchsbaum** & **LaCasse** localisation of function.	
	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 physiological psychology.	1
	Identification of point about physiological psychology and appropriate generalisation from study (comment with no comprehension).	2
	As above but with analysis (comment with comprehension) about what study tells us about physiological psychology.	3
	max mark	10
Q8b	**What problems may psychologists have when they study physiological processes?**	
	Emphasis on problem. Answers must be supported with named studies. Each problem does not need a different study; can be same study.	
	May be too reductionist and not sufficiently holist. Being objective may fail to take into account subjective behaviour more than just physiology, cognitive important too may rely on measures too much which can be open to misinterpretation.	
	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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Q8c	"All behaviour is caused by physiological processes". 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
	a. One or two general comments which are focused on question but are basic and lacking in detail. b. Comments have sparse explanation or supporting statements and are lacking in detail and understanding. c. There may be no supporting psychological evidence for three marks or vague reference for four marks. d. There may be no arguments or evaluation for three marks or for four marks arguments are superficial and evaluation is sparse or generalised.	3-4
	a. A number of points is made each of which is focused on question and is generally accurate. b. Points have some explanation and/or supporting comment. There is reasonable detail and understanding. Explanation may not be consistent. c. Psychological evidence is referred to occasionally but it is not developed. d. There may be one or two arguments (or more but which are superficial) and evaluative comments may be basic or generalised and lack coherence. There may be an imbalance in arguments presented.	5-6
	a. A range of different points is made each of which is focused on question and is accurate. b. Detailed and clear explanation with understanding good throughout c. Effective psychological evidence is frequent. d. Each point has some argument and evaluative comment. However, there is a lack of consistent argument. There may be an imbalance in arguments presented.	7-8
	a. A range of different points is made each of which is focused on question and is accurate. b. Detailed answer where clarity of explanation is very good throughout and understanding extends beyond specific studies. c. Psychological evidence is used effectively throughout the answer. d. There is a consistent argument, evaluative comments are well considered and there is a balance or arguments. There may well be a consideration of the implications and effects.	9-10

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NOVEMBER 2003

GCE A AND AS LEVEL

MARK SCHEME

MAXIMUM MARK: 70

SYLLABUS/COMPONENT: 9698/03

PSYCHOLOGY
Specialist Choices

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Section A

Q	Description	Marks
Qa	No answer or incorrect answer	0
	Some understanding, but explanation brief and lack clarity	1
	Clear, accurate and detailed and explicit explanation of term	2
	max mark	2
Qb	*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
Qc	*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
	Maximum mark for question part (a)	11

Section B

Q	Description	Marks
Qa	**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
Qb	**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

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	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.	
	Structure sound and argument clear and coherent.	
	Maximum mark for part (b)	10
Qc	**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
	Maximum mark for question part (c)	6
	Maximum mark for Question	24

PSYCHOLOGY AND EDUCATION

Section A

Q1a	Explain, in your own words, what is meant by the term 'learning style'.	2
	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.	
Q1b	Describe **two** ways in which learning effectiveness can be improved	6
	Any appropriate answer based on student study skills. Can be based on revision programmes or memory techniques e.g. 4PQR.	
Q1c	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.	

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Q2a	Explain, in your own words, what is meant by the term 'disruptive behaviour' in schools.	2
	Typically: behaviours which do not conform to the classroom norm leading a teacher to stop activity to attend to the cause of the disruption.	
Q2b	Briefly describe **two** types of disruptive behaviour.	6
	Major types are: conduct (e.g. distracting, attention-seeking, calling out, out-of-seat); anxiety & withdrawal; immaturity and verbal and physical aggression; bullying. *School refusers disrupt themselves and is legitimate. Persistantly disruptive children are often labelled as EBb.* *Note that description of disruptive behaviour is required, not the cause. E.g. ADHD may cause disruptive behaviour.*	
Q2c	Describe **one** way in which a disruptive behaviour of your choice may be corrected.	3
	*(1) **Reasoning** - this is presenting to the child reasons for not engaging in deviant behaviour and/or reasons for engaging in alternative behaviour.* *(2) **Behaviour modification techniques-*** *(a) **positive reinforcement**. Can be intrinsic (internal) or Extrinsic (external):* *(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. For example three types of time out: isolation, exclusion and non-exclusion. No credit for preventative strategies.*	

Section B

Q3a	Describe what has been found out about individual differences in educational performance	8
	This is difficult because candidates can focus on a number of different aspects such as social class, type of family, position in family, expectation of family, gender, time-orientation, competitiveness and individualism, racism, etc.	
Q3b	Evaluate what has been found out about individual differences in educational performance	10
	NOTE; any evaluative point can receive credit; the hints are for guidance only. • *the implications of differences for teachers;* • *the implications of differences for students;* • *possible reductionism;* • *the reliability and validity of evidence;* • *how evidence was gained in this area.*	
Q3c	Giving reasons for your answer, suggest how you, as a school teacher, could improve the performance of children from a group that is performing poorly at school.	
	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), and this will therefore test their knowledge, understanding and application.	*6*

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Q4a	Describe how the cognitive approach has been applied to learning.	8
	*For the **cognitive approach** typically candidates will include the work of Piaget. His contribution is significant and covers a wide range of aspects such as readiness for teaching mathematics and the type of book a child should read at a particular age. More typically will be the **readiness approach,** a central component of **discovery learning**. If candidates focus on his theory of cognitive development without explicitly linking it to education, this strategy should receive no credit. Pigaet is not the only relevant psychologist. Gagne (1977) outlines a number of **cognitive strategies;** Bruner (1966) has looked at **discovery learning**; Ausubel (1977) proposes a **theory of meaningful verbal learning (subsumption)**.*	
Q4b	Evaluate how the cognitive approach has been applied to learning.	10
	NOTE: any evaluative point can receive credit; the hints are for guidance only. • *the strengths and weaknesses of psychological perspectives;* • *the implications the perspectives have for teachers;* • *whether theory applies in practice;* • *contrasting alternative perspectives.*	
Q4c	Suggest how the cognitive approach could be used to teach science classes to children aged seven years. Give reasons for your answer.	6
	Mark scheme guidelines apply in that any reasonable suggestion is acceptable. Here candidates have to apply what they have written about in part (a) to a classroom situation in relation to teaching science for which they are unlikely to have prepared. This will therefore test their knowledge, understanding and application.	

PSYCHOLOGY AND ENVIRONMENT

Section A

Q5a	Explain, in your own words, what is meant by the term 'collective behaviour'.	2
	*Typically: **Sears et al** (1991) define a crowd as people in physical proximity to a common situation or stimulus. Additionally crowds: must involve a number of interacting people; need not be face-to-face; need not be assembled in one place; members must influence one another.*	
Q5b	Describe **two** types of crowd.	6
	***Brown** (1965) classifies crowds according to their behaviours:* *1. acquisitive crowd* *2. apathetic crowd* *3. expressive/peaceful crowd* *4. baiting crowd* *5. aggressive crowd [often referred to as 'mob psychology']* *6. escaping crowd [panicky & non-panicky]*	
Q5c	Describe **one** way in which crowds can be controlled.	3
	Most likely is study by Waddington et al (1987) argue that public disorder is predictable (not the outcome of mob psychology) and problems can be avoidable. Crowds should be perceived as collections of individuals who share a social purpose and who are interpreting what is going on around them. *Five recommendations for successful crowd control:* *1. Let the crowd self-police wherever possible;* *2. Effective liaison should take place between police and organisers;* *3. If police are involved they should use minimum force so are not perceived by crowd as causing trouble;* *4. Those involved in managing crowds should be trained in effective interpersonal communication;* *5. The police should be perceived as accountable and not able to do what they like.*	

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Q6a	Explain, in your own words, what is meant by the term 'natural disaster'.	2
	Disaster and catastrophe are the same thing, but the difference is that a disaster has 'natural' causes (natural disaster) and a catastrophe is technological (technological catastrophe).	
Q6b	Describe **two** natural disasters that have occurred.	6
	Any two disasters appropriate. Credit also for those which are ambiguous (i.e. natural or technological. Clearly technological to receive no credit.	
Q6c	Describe **one** way in which psychologists can help people after a disaster has happened.	3
	*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 PSTG.*	

Section B

Q7a	Describe what psychologists have discovered about climate and weather.	8
	*Candidates may begin with a distinction between **weather**, relatively rapidly changing conditions and **climate**, average weather conditions over a period of time. They may consider **Climatological determinism**, **Probabilism** and **Possibilism**. Inclusion of this would be impressive.* *Candidates could consider any aspect such as temperature, wind, storms (hurricanes, tornado's) altitude and anything else that pertains. Note that the syllabus refers to **performance**, **health** and **social behaviour** so that should at least limit coverage a little.* *Effects of **heat** is likely to be most common. Performance: Lots of lab studies show conflicting results mainly due to variations in design. Also many field studies e.g. Pepler (1972) in classrooms and Adam (1967) with soldiers. Still individual differences. Bell suggests an **arousal response** (inverted U theory); Provins (1966) suggests differing **core temperatures** and that heat affects attention. Wyndham believes in **adaptation levels**. Social behaviour: **aggression**: the long hot summer effect: heat causes riots (Goranson & King (1970) and US riot commission (1968) but only in 1967 and only in US! **Baron** & **Bell** (1976) propose negative affect-escape model to explain it and lab studies in support. Many other studies on heat & aggression. Heat also may or may not affect **helping** (e.g. Page, 1978) and **attraction** (e.g. Griffit, 1970). Health: heat may cause heat exhaustion (sweating) or heat stroke (no sweating) or heart attacks.* ***Cold temperature** can also be covered. Causes hypothermia, frostbite, etc. Also affects performance and social behaviour (too cold to help or be aggressive).* *Not a lot on wind. Causes fear due to potential destruction. Increases helping in summer and decreases in winter (Cunningham, 1979). Cohn (1993) wind decreases domestic violence.* ***Barometric pressure** (e.g. pilots, divers) a possibility but not a lot of material available.* *Candidates may also, legitimately, consider the effects of the **moon phases** on behaviour (lunatics!); the effects of **sunlight** and **seasonal affective disorder**.*	
Q7b	Evaluate what psychologists have discovered about climate and weather.	10
	NOTE any evaluative point can receive credit; the hints are for guidance only. • *the methods used by psychologists to study climate and weather;* • *issues relating to individual and/or cultural differences;* • *the implications the evidence has for society;* • *comparing and contrasting theoretical explanations.*	

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Q7c	Imagine that you are sitting this examination during an extreme weather condition of your choice. Giving **psychological** reasons for your answer, suggest how the weather may affect your performance.	6
	Any appropriate suggestion to receive credit- most likely extreme heat or cold, wind (inc hurricane, etc); flooding; any other appropriate.	
Q8a	Describe what psychologists have learned about environmental cognition.	8
	Definitions: environmental cognition is the way we acquire, store, organise and recall information about locations, distances and arrangements of the great outdoors (Gifford, 1997). A cognitive map is a pictorial and semantic image in our head of how places are arranged (Kitchin, 1994). Wayfinding is successfully navigation. *Candidates are likely to mention the work of Lynch who found five **common elements**: 1. Paths: roads, walkways, rivers (i.e. routes for travel); 2. Edges: non-travelled lines e.g. fences, walls; 3. Districts: larger spaces; 4. Nodes: places, junctions, crossroads, intersections where people meet; 5. Landmarks: distinctive places people use for reference points e.g. tallest building, statue, etc.* *Methods: main ones are sketch maps, recognition tasks and multidimensional scaling.* ***Acquisition of maps**: main reference is likely to be Piaget and his work on swiss mountains. Piaget has support (e.g. Acredolo, 1977) but critics too such as DeLoache (1987) who says 3 year olds have spatial cognition; children acquiring maps could be the same for adults in a new situation: 1] landmarks are noticed and remembered; 2] paths between landmarks are constructed; 3] landmarks and paths organised into clusters; 4] clusters and features co-ordinated into overall framework.* ***Errors in maps:** a] Euclidean bias: people assume roads etc are grid-like: they are not. Sadalla & Montello (1989). b] superordinate -scale bias: We group areas (e.g. counties) together and make judgement on area rather than specific place. E.g. Stevens & Coupe (1978); c] segmentation bias: Allen & Kirasic (1985) we estimate distances incorrectly when we break a journey into segments compared to estimate as a whole.* *Also: 1. maps are often incomplete: we leave out minor details. 2. we distort by having things too close together, too far apart or mis-aligning. E.g. people over-estimate the size of familiar areas. 3. we augment - add non-existant features.* ***Gender differences:** Bryant et al (1991) men are much better than women in the acquisition, accuracy and organisation of spatial information. This could be due to experience. Studies by Garling et al (1981) in Sweden; Kirisic et al (1974) men better than women at locating places difficult to locate. Appleyard (1976) found overall accuracy was equal, but women emphasised districts and landmarks whereas men emphasised path structure. Holding (1992) found men began with paths and nodes followed by landmarks; women began with landmarks. Overall conclusion is that there is a difference in style (not that one is better than the other). However in reading a road map, based on paths and nodes and not landmarks, men will have an advantage because of their preferred style. So change map or change women?!* *Candidates could also, legitimately look at 'animals and cognitive maps'.* *Candidates could also, legitimately look at 'the scenic environment'.*	
Q8b	Evaluate what psychologists have learned about environmental cognition.	10
	NOTE: any evaluative point can receive credit; the hints are for guidance only. • the methods psychologists use to study cognitive maps; • laboratory versus real-life studies; • errors made in cognitive maps; • competing theoretical explanations.	

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Q8c	You are required to design a 'you are here' map for tourists. Giving reasons for your answer, suggest what important features your map would include.	6
	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).*	

PSYCHOLOGY AND HEALTH

Section A

Q9a	Explain, in your own words, what is meant by 'patient-practitioner relationship'.	2
	Typically: the relationship between the patient and practitioner (this may be biased toward the doctor or to the patient (e.g. patient centred style).	
Q9b	Outline **two** reasons why patients incorrectly diagnose their illnesses	6
	A range of possibilities here: *1] patients have hyperchondriasis (often make unfounded claims)* *2] people believe incorrect interpretations by others (lay referral system)* *3] representative heuristic (if a smoker assume problem is due to smoking)* *4] tendency to make either type 1 or type 2 errors*	
Q9c	Describe **one** reason why people often delay seeking medical treatment.	3
	Most likely reasons fit into Safer et al's 1. appraisal delay (time to interpret symptom) 2. illness delay (time taken to recognise one is ill) and 3. utilisation delay (time taken to seek medical advice).	
Q10a	Explain, in your own words, what is meant by the term 'accident proneness'.	2
	Typically: a personal idiosyncrasy predisposing the individual who possesses it to a relatively high accident rate. No consistent evidence found of its existence!	
Q10b	Describe **two** characteristics of a person who has accident proneness.	6
	A] Higher rates in younger people: Hale & Hale (1972) believe this is simply due to inexperience. *B] Extroverts more prone than introverts: Feldman (1971) pilots in South Africa* *C] Inability to cope with multiple demands. Porter & Corlett (1989)* *D] Field dependence inability to extract salient information from a complex perceptual field (Goodenough, 1976)* *No evidence for link between accidents and intelligence*	
Q10c	Describe **one** way in which such accident proneness could be reduced.	3
	*Several possibilities here and it should be interesting to **see** what candidates write about!*	

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Section B

Q11a	Describe what psychologists have discovered about pain.	8
	Candidates could focus on theories (but unlikely) or measures or management. 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] psychophysiological measures: use of EMG, ECG & EEG* *Management of pain includes:* ***Medical** - use of 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*	
Q11b	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.*	
Q11c	Giving reasons for your answer, suggest ways in which chronic pain can 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.	
Q12a	Describe what psychologists have learned about lifestyles and health behaviour.	8
	Candidates are likely to focus on one or more of three areas: ***1. General:*** ***Risk Factors**: behaviours associated with causes of death: **HEART DISEASE**: smoking, high cholesterol, lack of exercise, high blood pressure, stress. **CANCER**: smoking, high alcohol use, diet, environmental factors. STROKE: smoking, high cholesterol, high blood pressure, stress. **ACCIDENTS:** alcohol use, drug abuse. **INFECTIOUS DISEASES:** smoking, failing to get vaccinated.* *What do 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 serious injury or a disease progresses beyond the early stages and leads to lasting or irreversible damage.* ***2. Studies:*** ***Harris & 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.* ***Turk et. al.** (1984) studied American nurses, teachers and college students. Found three highest in each category: 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.* ***Mechanic (1979)** in a longitudinal study found little correlation (.1 or .2) between subjects tested when children and 16 years later.*	

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	3. Models: ***Becker & Rosenstock*** *(1984) The health belief model related studies: Champion (1994) used HBM to inform women about benefits of mammography. Hyman et al (1994) perceived susceptibility not good predictor. Barriers and benefits better but ethnicity best. Aiken et al (1994) regular place to go and practitioner recommendation much better predictor than HBM.* ***Ajzen & Fishbein*** *(1975) Theory of reasoned action; related studies: Montano et al (1997) low income women questioned regarding attitude, subjective norm and intentions toward mammography. Found all significantly related to use. O'Callaghan et al (1997) better predictor is past experience/behaviour.* ***Ajzen*** *(1985) Theory of planned behaviour. As above model but adds* ***perceived behavioural control****.* ***Weinstein et al*** *(1998) The precaution adoption process model. Argues all above merely identify variables. Better is stages people go through in their readiness to adopt a health related behaviour. Similar is* ***Prochaska et*** *al (1992) The transtheoretical model. Five stages of behaviour change: PRECONTEMPLATION- no intention of changing. Isn't a problem. CONTEMPLATION- awareness of problem. Thoughts about changing but no action. PREPARATION- plans made to change behaviour. ACTION- plans put into action. MAINTENANCE- attempt to sustain changes and resistance to relapse.*	
Q12b	Evaluate what psychologists have learned about lifestyles and health behaviour.	10
	NOTE: any evaluative point can receive credit; the hints are for guidance only. • *the methods used by psychologists;* • *comparing and contrasting health belief theories;* • *ethical issues involved in research;* • *generalisation of results from participants used.*	
Q12c	Using psychological evidence, outline the main features of a community wide programme aimed at improving lifestyles.	6
	Most likely possibilities include: *A] the three community study (Farquhar et al, 1977) 42 000 people* *B] Minnesota heart health programme (Blackburn et al, 1984) 350 000 people* *C] Pawtuckett heart health project (Lasater et al, 1984) 170 000 people* *D] Pennsylvania county health improvement program (Stunkard et al, 1985), 220 000* *E] Stanford five city project (Farquhar et a1, 1984) 359 000 poeple*	

PSYCHOLOGY AND ABNORMALITY

Section A

Q13a	Explain, in your own words, what is meant by the term 'abnormal affect'.	2
	Typically: abnormal affect concerns disorders of mood and emotion, most typically depression or mania or manic-depression.	
Q13b	Describe **two** types of abnormal affect.	6
	Most likely: mania and depression. Often just depression (unipolar) or bipolar (manic-depressive).	
Q13c	Describe **one** effect that abnormal affect has on behaviour and experience	3
	Most likely: mania - person displays spontaneity, activity, has outbursts of exuberance, has heightended good humour and talkative and entertaining. They are often full of good ideas, plans and have grand visions. They are full of energy; appear to be physically inexhaustible. *Depression: are extremely despondent, melancholic and self deprecating. They may be physically lethargic; struggle to think out simple problems. They believe they are utterly worthless and have hopeless guilt.*	

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Q14a	Explain, in your own words, what is meant by the term 'abnormal avoidance'.	2
	Typically: an abnormal response to an object or 'thing' leading a person to take steps to avoid contact with the object or 'thing'. Most typically in the form of a phobia, such as agoraphobia.	
Q14b	Describe **two** types of abnormal avoidance.	6
	Any phobia appropriate here e.g. agoraphobia (the most common) and people can have fears of a variety of things e.g. heights - it becomes a 'clinical phobia' when treatment is sought. Elective withdrawal also a form of abnormal avoidance.	
Q14c	Give **one** way in which an abnormal avoidance of your choice may be treated.	3
	Most likely treatment will be behaviourally or cognitive-behavioural such as systematic desensitisation (main treatment for phobias).	

Section B

Q15a	Describe what psychologists have found out about abnormal affect due to trauma	8
	Most likely focus will be on post traumatic stress disorder, amnesia and fugue. ***Psychogenic fugue*** *is leaving one's home, work and life and taking a new identity with loss of memory for the previous identity.* ***Psychogenic amnesia*** *is losing one's memory because of psychological reasons.* ***PTSD*** *is a stress response caused by events outside the range of normal human experience.*	
Q15b	Evaluate what psychologists have found out about abnormal affect due to trauma	10
	NOTE: any evaluative point can receive credit; the hints are for guidance only. • *points about defining and categorising abnormal affect disorders;* • *cultural and individual differences in abnormal affect disorders;* • *comparing and contrasting explanations;* • *implications for person with abnormal affect disorders.*	
Q15c	Giving reasons for your answer, suggest ways of coping with post traumatic stress disorder	6
	Most likely: if it is PTSD, then the most likely treatment is systematic desensitisation. *For amnesia/fugue, hypnosis is one possibility. Sometimes this is helped with sodium amytal and sodium pentothal.*	
Q16a	Describe what psychologists have discovered about abnormal learning.	8
	Abnormal learning includes any type of learning abnormality and most typically this would include ***autism, dyslexia*** *(and related difficulties e.g.* ***dyscalculia) ADHD*** *(attention deficit with/without hyperactivity) or any other learning abnormality. The focus could be on the suggested causes of such abnormalities or could be on the problems a typical child may have in a classroom. The focus could be on one type or could be a consideration of a number.*	
Q16b	Evaluate what psychologists have discovered about abnormal learning.	10
	NOTE: any evaluative point can receive credit; the hints are for guidance only. • *points about defining and categorising abnormal learning;* • *cultural and individual differences in abnormal learning;* • *comparing and contrasting explanations of cause;* • *implications of abnormal learning for the child, family and educational provision.*	
Q16c	Giving reasons for your answer, suggest a treatment for attention-deficit hyperactivity disorder (ADHD).	6
	Most likely: treatments will either be medical (drugs) or psychological (cognitive-behavioural) or alternatives for ADHD typically ritalin has been used extensively but also diet is considered to be important.	

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PSYCHOLOGY AND ORGANISATIONS

Section A

Q17a	Explain, in your own words, what is meant by the term 'personnel screening'.	2
	Typically: the process of reviewing information about job applicants to choose workers.	
Q17b	Describe **one** psychometric test used in personnel screening.	3
	Most likely: (all from Riggio p105) depending on the nature of the job: cognitive ability tests; mechanical ability tests; motor and sensory ability tests; job skills and knowledge tests; personality tests.	
Q17c	Describe **two** problems with psychometric tests used in personnel screening	6
	One problem is that the test is not valid - it does not measure the aspect of the job that it is supposed to measure. Another problem is that the test may not be reliable - results from one person may not be comparable to results from another person. Third is that these involve self reports - a person may not tell the truth.	
Q18a	Explain, in your own words, what is meant by the term 'group decision-making'	2
	Typically: decisions made by two or more individuals engaged in social interaction to achieve some goal.	
Q18b	Describe **one** way in which group decision-making can go wrong.	3
	*Most likely: **Groupthink**: a syndrome characterised by a concurrence-seeking tendency that overrides the ability of a cohesive group to make critical decisions (Janis, 1965); **group polarisation**: groups who make decisions that are more extreme than those made by individuals.*	
Q18c	Describe **two** ways in which group conflict can be managed.	6
	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.	

Section B

Q19a	Describe what psychologists have discovered about the quality of working life.	8
	QWL involves all aspects of life at work. Answers could focus on any aspect of organisational psychology therefore. Most likely answers will focus on Job satisfaction: the feelings and attitudes about one's job. Two approaches: the global (overall satisfaction) and the facet (composed of different elements/facets) of the job. QWL/satisfaction can be measured: there are many approaches (interviews, scales, surveys). More popular (in America) are the Minnesota Satisfaction Questionnaire (MSQ) and the Job Descriptive Index (JDI). In Britain Cooper et al's (1987) Occupation Stress Indicator is often used. All can be evaluated for reliability and validity. *Implications: poor performance, absenteeism, high turnover.*	
Q19b	Evaluate what psychologists have discovered about the quality of working life.	10
	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*	
Q19c	Giving reasons for your answer, suggest how job satisfaction can be increased in an organisation of your choice.	6
	Any appropriate answer based on psychological theory acceptable. *a] additional responsibility and enhanced conditions;* *b] can be done through changes in job itself such as rotation or promotion;* *c] material reward: salary, commission, bonuses, promotions and competitions/incentive schemes could be used against sales objectives such as volume, profitability, new account development.* *d] could be through better conditions (physical or psyhological).*	

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Q20a	Describe what psychologists have found out about leadership and management.	8
	Many theories to choose from: ***Universalist theories*** *of leadership: [1] The great man theory (Wood, 1913) [2] McGregor (1960) Theory X and Theory Y.* ***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.* ***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.*	
Q20b	Evaluate what psychologists have found out about leadership and management.	10
	NOTE: any evaluative point can receive credit; the hints are for guidance only. • *Comparing and contrasting theoretical exlanations;* • *The implications leadership style have for follower behaviour;* • *Examining theoretical strengths and weaknesses;* • *How psychologists gain their evidence.*	
Q20c	If you owned a company, what would you look for in a manager? Give reasons for your answer.	6
	Kirkpatrick & Locke (1991) suggest drive, honesty and integrity, leadership and motivation, self confidence, cognitive ability, expertise, creativity and flexibility. **Riggio** (1990) suggests an effective manager needs*:* to be a good communicator, be both task and relationship oriented, give careful attention to decision-making, be flexible, learn to delegate and remember that leadership is a two-way street.	

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