MARK SCHEME for the October/November 2014 series

9698 PSYCHOLOGY

9698/33   Paper 3 (Specialist Choices), maximum raw mark 80

This mark scheme is published as an aid to teachers and candidates, to indicate the requirements of the examination. It shows the basis on which Examiners were instructed to award marks. It does not indicate the details of the discussions that took place at an Examiners' meeting before marking began, which would have considered the acceptability of alternative answers.

Mark schemes should be read in conjunction with the question paper and the Principal Examiner Report for Teachers.

Cambridge will not enter into discussions about these mark schemes.

Cambridge is publishing the mark schemes for the October/November 2014 series for most Cambridge IGCSE®, Cambridge International A and AS Level components and some Cambridge O Level components.

SECTION A

Q	Description	Marks
(a)	No answer or incorrect answer.	0
	Basic or muddled explanation. Some understanding but brief and lacks clarity.	1
	Clear and accurate and explicit explanation of term.	2
(b)	No answer or incorrect answer.	0
	Anecdotal answer with little understanding of question area and no specific reference to study.	1
	Basic answer with some understanding. Reference to named study/area only. Minimal detail.	2
	Good answer with good understanding. Study/area included with good description.	3
	Very good answer with clear understanding of study/area with detailed and accurate description.	4

SECTION B

Q	Description	Marks
(a)	No answer or incorrect answer.	0
	Definition of terms and use of psychological terminology is sparse or absent. Description is mainly inaccurate, lacks coherence and lacks detail. Understanding is poor. The answer is unstructured and lacks organisation.	1–2
	Definition of terms is basic and use of psychological terminology is adequate. Description is often accurate, generally coherent but lacks detail. Understanding is reasonable. The answer is lacking structure or organisation.	3–4
	Definition of terms is mainly accurate and use of psychological terminology is competent. Description is mainly accurate, coherent and reasonably detailed. Understanding is good. The answer has some structure and organisation.	5–6
	Definition of terms is accurate and use of psychological terminology is comprehensive. Description is accurate, coherent and detailed. Understanding is very good. The answer is competently structured and organised.	7–8

(b)	No answer or incorrect answer.	0
	Evaluation (positive and negative points) is **basic**. Range of evaluative points, which may or may not include the named issue, is sparse and may be only positive or negative. Evaluative points are not organised into issues/debates, methods or approaches. Sparse or no use of appropriate supporting examples which are peripherally related to the question. Analysis (key points and valid generalisations) is very limited or not present. Evaluation is severely lacking in detail and understanding is weak.	1–3
	Evaluation (positive and negative points) is **limited**. Range of evaluative points, which may or may not include the named issue, is limited. Points hint at issues/debates, methods or approaches but with little or no organisation into issues. Poor use of supporting examples. Analysis (key points and valid generalisations) is sparse. Evaluation is lacking in detail and understanding is sparse. NB If evaluation is 'by study' with same issues identified repeatedly with no positive or negative points of issues, however good examples are, maximum 6 marks. NB If the issue stated in the question is not addressed, maximum 6 marks. NB If only the issue stated in the question is addressed, maximum 4 marks.	4–6
	Evaluation (positive and negative points) is **good**. Range of evaluative issues/debates, methods or approaches, including the named issue, is good and is balanced. The answer has some organisation of evaluative issues (rather than 'study by study'). Good use of appropriate supporting examples which are related to the question. Analysis (key points and valid generalisations) is often evident. Evaluation has good detail and understanding is good.	7–9
	Evaluation (positive and negative points) is **comprehensive**. Selection and range of evaluative issues/debates, methods or approaches, including the named issue, is very good and which are competently organised. Effective use of appropriate supporting examples which are explicitly related to the question. Analysis (valid conclusions that effectively summarise issues and arguments) is evident throughout. Evaluation is detailed and understanding is thorough.	10–12

SECTION C

Q	Description	Marks
(a)	No answer or incorrect answer.	0
	Vague attempt to relate anecdotal evidence to question. Understanding limited.	1–2
	Brief description of range of appropriate evidence with some understanding.	3–4
	Appropriate description of good range of appropriate evidence with clear understanding.	5–6
(b)	No answer or incorrect answer.	0
	Suggestion is mainly inappropriate to the question but is vaguely based on psychological knowledge. Answer is mainly inaccurate, lacks coherence and lacks detail. Understanding is poor. Description of a study/other authors' work 2 marks max if related to question; 0 marks if not.	1–2
	Suggestion is largely appropriate to the question and is based on psychological knowledge. Answer is generally accurate, coherent but lacks detail. Understanding is limited.	3–4
	Suggestion is appropriate to the question and based on psychological knowledge. Answer is accurate, coherent and reasonably detailed. Understanding is good.	5–6
	Suggestion is appropriate to the question and based explicitly on psychological knowledge. Answer is accurate, coherent and detailed. Understanding is very good.	7–8

PSYCHOLOGY AND EDUCATION

Section A

1 (a) **Explain, in your own words, what is meant by a 'theory of intelligence'.** **[2]**

Typically: A theory is a supposition or a system of ideas intended to explain something; an unproven idea or speculation. As there is not a single definition of intelligence, theories have been proposed. The theory then needs to be tested.

(b) **Describe <u>one</u> theory of intelligence.** **[4]**

Syllabus:
Theories of intelligence: Factor-analytic approach (Cattell, 1971); multiple intelligences (Gardner, 1983); triarchic theory (Sternberg, 1988)

Alternatives to intelligence: emotional intelligence (e.g. Goleman, 1995); creativity and unusual uses test (e.g. Guilford, 1950); problem solving: means-end analysis, planning strategies and backwards searching

Most likely:
1. Gardner, 1983 proposes multiple intelligences which are: Spatial, Linguistic, Logical-mathematical, Bodily-kinesthetic, Musical, Interpersonal, Intrapersonal and Naturalistic.
2. Emotional intelligence e.g. Goleman (1995) two major components: Understanding yourself, your goals, intentions, responses, behaviour and all. Understanding others, and their feelings. There are five factors: Knowing your emotions, Managing your own emotions, Motivating oneself, Recognising and understanding other people's emotions and Managing relationships, i.e., managing the emotions of others.
3. Also possible Cattell's factor analysis; Sternberg's triarchic theory.

Section B

2 (a) **Describe what psychologists have found out about learning and teaching styles.** [8]

Candidates are likely to include some of the following details from the syllabus:

Learning styles and teaching styles: The onion model (Curry, 1983); Grasha's (1996) six styles of learning. Teaching styles: formal and informal styles (Bennett, 1976); High-initiative and low-initiative (Fontana, 1995)

Measuring learning styles and teaching styles: Learning: Approaches to Study Inventory (ASI) (Entwistle, 1981). Teaching: teacher-centred and student-centred styles (Kyriacou and Williams, 1993); Kolb's (1976) learning styles.

Improving learning effectiveness (study skills): the 4-mat system (McCarthy, 1990); PQRST method: learning from textbooks; Strategies for effective learning and thinking (SPELT) Mulcahy et al. (1986)

(b) **Evaluate what psychologists have found out about learning and teaching styles, including a discussion about individual differences.** [12]

NOTE: any evaluative point can receive credit; the hints are for guidance only.

Evaluation of theory:
Internal strengths and weaknesses.
Theoretical issues: reductionism, determinism, ethnocentrism.
Supporting/contradicting evidence.
Comparisons and contrasts with alternative theory.

Evaluation of research:
Strengths and weaknesses of methods, sample, controls, procedure.
Evaluation of and comparisons and/or contrasts with alternative methodologies.

Evaluation of issues and debates:
Any relevant debate can be raised, such as qualitative versus quantitative data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

Named issue:
Individual differences. This psychological approach takes more of an idiographic approach i.e. it is interested in individual differences because of biology, culture, gender, ethnicity etc.

Section C

3   **You are a research psychologist and you are investigating the causes of attention deficit hyperactivity disorder (ADHD). You know a number of possible causes and you know about the different research methods psychologists use in their investigations.**

(a)   **Suggest a suitable method for investigating <u>one</u> possible cause of attention deficit hyperactivity disorder (ADHD).**   **[8]**

General: In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: Candidates are free to choose a method and then to suggest how they would investigate a possible cause of attention deficit hyperactivity disorder (ADHD) using it.

(b)   **Outline the possible cause of attention deficit hyperactivity disorder (ADHD) on which your investigation is based.**   **[6]**

Syllabus:
Causes and effects of one specific learning difficulty or disability: most likely: dyslexia or attention deficit hyperactive disorder, autistic spectrum disorder or any other need

Expansion:
Heredity is the most likely cause of ADHD. Evidence from family studies, adoption studies, twin studies and molecular genetic research can be included.
Also there is an association between mothers who smoked tobacco or used alcohol during their pregnancy. An association between lead exposure and hyperactivity has also been found.
Diet, poor parenting, and watching television are not causes of ADHD.

4 You are a teacher and your students work very hard. You begin to think about the reasons why they work so hard. You decide to investigate.

(a) Suggest how <u>you</u> could use a questionnaire to investigate whether students work hard because they need to achieve or because they want to avoid failure.   **[8]**

General: In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: Candidates must design a questionnaire, so inclusion of question type (open ended, closed, etc.), answer format (yes/no, rating scale, etc.) and scoring (meanings of points scored) are essential features. Knowledge of need to achieve or need to avoid failure should be evident.

(b) Describe what McClelland means by 'need for achievement' and 'need to avoid failure'.

Syllabus:
Improving motivation: Behavioural: effective praise (e.g. Brophy, 1981); cognitive: McClelland (1953) need for achievement and need to avoid failure; cognitive-behavioural: self efficacy (Bandura, 1977)

Expansion:
McClelland describes **achievement motivation (nAch)** which is characterised by:
- a preference for tasks with control and responsibility;
- a need to identify with the successful outcomes of actions;
- tasks that are challenging, capable of demonstrating expertise, and which will gain recognition;
- avoiding the likelihood and consequences of failure;
- requiring feedback on achievements to ensure that success is recognised.

Need to avoid failure (NAF) includes people who tend to avoid challenges because they do not want to risk failing.
Atkinson (1966) developed a model of motivation from achieving success and avoiding failure.
- The need for success is determined by: the need for achievement (nAch); the chances of the likelihood of success in performing a particular task; and the incentive for success.
- The motive to avoid failure is determined by: the need to avoid failure (NAF); chances of the likelihood of failure at a particular task; and the incentive value of failure, i.e. how unpleasant it would be to fail.

PSYCHOLOGY AND HEALTH

Section A

5   (a) **Describe what is meant by 'promoting health in worksites'.**   **[2]**

Typically: enhancing good health and preventing illness (for 1 mark) with reference to worksites (1 mark).

(b) **Describe <u>one</u> study which has promoted health in worksites.**   **[4]**

Syllabus:
Health promotion in schools, worksites and communities: Schools (e.g. Walter, 1985; Tapper et al., 2003). Worksites (e.g. Gomel, 1983). Communities (e.g. three community study, Farquhar et al., 1977)

Most likely:
Johnson & Johnson Company: They began their '*live for life'* program in 1978, and it is one of the largest, best funded, and most effective worksite programmes developed. All employees are now a part of this programme. The goal is to help as many employees as possible live healthier lives by making improvements in their health knowledge, stress management, and efforts to exercise, stop smoking, and control their weight.
Gomel et al. (1983): Australian campaign stopping worksite smoking.
Fox et al. (1987): studied effects of a **token economy** at open cast pits. Employees could earn reward stamps. There was a dramatic decrease in days lost through injury and accidents were reduced.
Any appropriate study can receive credit.

Section B

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

Candidates are likely to include some of the following details from the syllabus:

Types and theories of pain: Definitions of pain. Acute and chronic organic pain; psychogenic pain (e.g. phantom limb pain). Theories of pain: specificity theory, gate control theory (Melzack, 1965)

Measuring pain: Self report measures (e.g. clinical interview); psychometric measures and visual rating scales (e.g. MPQ, visual analogue scale), behavioural/observational (e.g. UAB). Pain measures for children (e.g. paediatric pain questionnaire, Varni and Thompson, 1976)

Managing and controlling pain: Medical techniques (e.g. surgical; chemical). Psychological techniques: cognitive strategies (e.g. attention diversion, non-pain imagery and cognitive redefinition); alternative techniques (e.g. acupuncture, stimulation therapy/TENS)

(b) **Evaluate what psychologists have discovered about pain, discussing the usefulness of quantitative data.** **[12]**

NOTE: any evaluative point can receive credit; the hints are for guidance only.

Evaluation of theory:
Internal strengths and weaknesses.
Theoretical issues: reductionism, determinism, ethnocentrism.
Supporting/contradicting evidence.
Comparisons and contrasts with alternative theory.

Evaluation of research:
Strengths and weaknesses of methods, sample, controls, procedure.
Evaluation of and comparisons and/or contrasts with alternative methodologies.

Evaluation of issues and debates:
Any relevant debate can be raised, such as qualitative versus quantitative data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

Named issue:
Quantitative data. Quantitative data involves describing human behaviour and experience using numbers and statistical analysis. Qualitative refers to results of a study that consist of description or words, rather than numbers which can be used as a contrast.

Section C

7 **Studies on practitioner style often gather quantitative data. What isn't known is *why* a particular style is preferred.**

    (a) **Suggest how <u>you</u> would investigate why patients prefer one practitioner style to another.**   **[8]**

        General: In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

        Specific: Candidates are free to choose a method and then to suggest how they would investigate why patients prefer a particular style. The most logical methods would be questionnaire or interview.

    (b) **Describe <u>one</u> study which has investigated practitioner style quantitatively.**   **[6]**

        Syllabus:
        Patient and practitioner diagnosis and style: Practitioner style: doctor and patient centred (Byrne and Long, 1976; Savage and Armstrong, 1990). Practitioner diagnosis: type I and type II errors. Disclosure of information (e.g. Robinson and West, 1992)

        Most likely:
        Byrne and Long (1976) distinguish between a **doctor-centred style** and a **patient-centred style**.
        Savage and Armstrong (1990) compared a sharing consulting style (patient-centred) with a directive consulting style (doctor-centred).
        Any other appropriate study to receive credit.

8   An accident has happened and you are an accident investigator. You have to determine the cause.

(a)   Suggest an appropriate psychological method or technique to obtain information about whether the cause was due to a person or to the situation.   **[8]**

General: In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: Candidates are free to choose a method and then to suggest how they would investigate the cause of the accident. Most logical would be questionnaire or interview.

(b)   Give an example of an 'individual' accident and an example of a 'situational or system' accident.   **[6]**

Syllabus:
Definitions, causes and examples: Definitions of accidents; causes: theory A and theory B (Reason, 2000); examples of individual and system errors (e.g. Three mile island, 1979; Chernobyl, 1986)

Most likely:
Individual: Barber (1988) quotes the case where an aeroplane crashed at Zagreb and the cause was said to be due to an air traffic controller who, because of cognitive overload, could not cope with the number of aircraft in his sector.
Individual: illusion of invulnerability (e.g. the Titanic), or any example from accident prone personality.
Individual: studies have been done related to age, personality (introverts and extroverts) and those influenced by lack of sleep.
System: Three mile island, 1979 and Chernobyl, 1986 where workers were working a rapidly rotating shift system; the 10 pm to 6 am shift and the poor design and layout of the technology meant that it was impossible for a worker to cope.
Any appropriate example to receive credit.

PSYCHOLOGY AND ENVIRONMENT

Section A

9 (a) Explain, in your own words, what is meant by 'defending public territory'. [2]

Typically: Public territory is that which can only be occupied temporarily on a first come first served basis. It is not primary or secondary territory. Once occupied, public territory can be defended with bags, books, clothing, etc.

(b) Describe <u>one</u> study which has investigated the defence of public territory. [4]

Syllabus:
Defending territory and space: Defending primary territory (e.g. Newman, 1976) and public territory (e.g. Ruback, 1997) territorial markers e.g. Hoppe et al. (1972)

Most likely:
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.
Ruback and Juieng (1997) found that drivers leaving a public parking space defend their public territory even when such behaviour is contrary to their goal of leaving.
Any appropriate study to receive credit.

Section B

10 (a) Describe what psychologists have found out about architecture. **[8]**

Candidates are likely to include some of the following details from the syllabus:

Theories and effects of urban living on health and social behaviour: Theories: adaptation level, behaviour constraint, environmental stress and overload. Effects on health (e.g. Soderberg et al., 1994) and social behaviour (e.g. Amato, 1983)

Urban renewal and housing design: Renewal and building design: (e.g. Pruitt-Igoe, 1954–1972); Newman (e.g. Clason Point and Five Oaks, 1994)

Community environmental design: Shopping mall atmospherics (e.g. Michon et al., 2003); casino environments (Finlay et al., 2006); public places (e.g. Whyte, 1980 or Brower, 1983)

(b) Evaluate what psychologists have found out about architecture and include a discussion of whether what has been found can be generalised. **[12]**

NOTE: any evaluative point can receive credit; the hints are for guidance only.

Evaluation of theory:
Internal strengths and weaknesses.
Theoretical issues: reductionism, determinism, ethnocentrism.
Supporting/contradicting evidence.
Comparisons and contrasts with alternative theory.

Evaluation of research:
Strengths and weaknesses of methods, sample, controls, procedure.
Evaluation of and comparisons and/or contrasts with alternative methodologies.

Evaluation of issues and debates:
Any relevant debate can be raised, such as qualitative versus quantitative data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

Named issue:
Generalisations. This is the extent to which we can generalise from one setting/time/ population etc. to another. To what extent can generalisations about architecture be made?

Section C

11 **It is claimed that positive sound (or music) can help reduce stress. It is not known which type of music is best for reducing stress.**

   (a) **Suggest how <u>you</u> would conduct a study to determine which type of music is best for reducing stress.** **[8]**

   General: In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

   Specific: Candidates are free to choose a method and then to suggest how they would investigate which type of music is best for reducing stress. Most logical would be an experiment (or correlation) but candidates have a free choice.

   (b) **Explain the methodology on which your suggestion is based.** **[6]**

   Syllabus:
   Positive uses of sound (music): Consumer behaviour (e.g. North, 2003; North 1999); stress reduction (e.g. Chafin, 2004); performance (e.g. Mozart effect)

   Most likely:
   Methodology is likely to be an experiment (laboratory or field), questionnaire or observation (participant or non-participant) and candidates should explain the choice of method, and the main features of that method.

12 **You have just visited a university and the map they gave you was so bad that you got lost! You want to help them design a better map.**

(a) **Suggest a suitable map design for a university that would enable visitors to find their way around.** **[8]**

General: In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: Candidates are free to suggest a suitable map design. Logically the suggestion would be based on the work of Levine, but candidates are free to suggest whatever they wish.

(b) **Describe the psychology on which your suggestion is based.** **[6]**

Syllabus:
Designing better maps; wayfinding: map design (Levine, 1982); wayfinding (Maguire et al., 1997); virtual wayfinding (Janzen et al., 2001)

Most likely:
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. Three 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 ABNORMALITY

Section A

13 (a) Explain what is meant by the 'psychodynamic model of abnormality'. **[2]**

Typically: a model is a collection of assumptions concerning the way abnormality is caused and treated. The psychodynamic model is based on the principles that psychological illness comes about from repressed emotions and thoughts from experiences in the past (usually childhood), and as a result of this repression, alternative behaviour replaces what is being repressed. Both components must be mentioned for 2 marks.

(b) Describe two mental illnesses which can be explained by the psychodynamic model.
[4]

Syllabus:
Models of abnormality: Medical/biological, behavioural, psychodynamic, cognitive. Assumptions and applications of models.

Expansion:
Any example would be acceptable, provided that the mental illnesses can be explained by the psychodynamic model. Simply listing two illnesses 'depression and schizophrenia' is insufficient for a mark. There must be some comment relating the illness and model.

Section B

14 (a) Describe what psychologists have discovered about addiction and impulse control disorders. **[8]**

Candidates are likely to include some of the following details from the syllabus:

Definitions, types and characteristics of addictions: Definitions (e.g. Griffiths, 1995); types e.g. alcoholism; impulse control (e.g. kleptomania, pyromania, compulsive gambling); physical and psychological dependence

Causes of addiction and impulse control disorders: Genetic (alcohol): Schuckit, 1985; Peters and Preedy, 2002; Biochemical: dopamine; behavioural: positive reinforcement; cognitive/personality

Coping with and reducing addiction and impulse control disorders: Behavioural e.g. token economy; aversion therapy (for alcoholism). Cognitive behaviour therapy (e.g. Kohn, 2000) for kleptomania

(b) Evaluate what psychologists have discovered about addiction and impulse control disorders and include a debate about cognitive compared to behavioural strategies for reducing addiction. **[12]**

NOTE: any evaluative point can receive credit; the hints are for guidance only.

Evaluation of theory:
Internal strengths and weaknesses.
Theoretical issues: reductionism, determinism, ethnocentrism.
Supporting/contradicting evidence.
Comparisons and contrasts with alternative theory.

Evaluation of research:
Strengths and weaknesses of methods, sample, controls, procedure.
Evaluation of and comparisons and/or contrasts with alternative methodologies.

Evaluation of issues and debates:
Any relevant debate can be raised, such as qualitative versus quantitative data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

Named issue:
Cognitive (thoughts) versus behavioural (actions and behaviours). Candidates may well conclude that CBT is the best strategy.

Section C

15 You are a cognitive-behaviour therapist and a person has been referred to you with agoraphobia, which is a fear of going outside.

(a) Suggest how <u>you</u> would treat this phobia. **[8]**

General: In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: Candidates are free to suggest any way in which agoraphobia could be treated. Most likely this will be systematic desensitisation and include creating a hierarchy and relaxation exercises.

(b) Describe the assumptions on which your treatment is based. **[6]**

Syllabus:
Treating phobias: Systematic desensitisation (Wolpe, 1958); flooding; applied tension (Ost et al., 1989); cognitive-behaviour therapy (Ost and Westling, 1995)

Most likely:
Ost and Westling (1995) investigated the effectiveness of cognitive behaviour therapy (CBT), in the treatment of panic disorder. The out-patients in their sample were treated over 12 weekly sessions. The results revealed a significant reduction in the number of panic attacks in the patients, who were also panic free at the follow-up. They also found that the treatment led to reductions in generalised anxiety, depression and cognitive misinterpretations. Systematic desensitisation is a therapy based on the principles of classical conditioning. It was developed by Wolpe in 1958, specifically for the counter-conditioning fears, phobias and anxieties. The idea behind systematic desensitisation is to replace the conditioned fear which is maladaptive, with one of relaxation, which is an adaptive and desirable response. The pairing of the feared stimulus with relaxation induces the desensitisation.
Any other appropriate suggestion is acceptable.

16 OCD Question: do you repeat behaviour? Answer: yes, yes and yes!

(a) Describe one questionnaire or inventory that is used to measure obsessions and compulsions. **[6]**

Syllabus:
Definitions, measures and examples of obsessions and compulsions: Defining obsessions and compulsions; case studies of/examples (e.g. 'Charles' by Rappaport, 1989); measures: e.g. Maudsley obsessive-compulsive inventory

Most likely:
Fixity of beliefs questionnaire
The Obsessive Compulsive Inventory (OCI) Foa et al. (1998)
The BDD modification of the Yale-Brown Obsessive Compulsive Scale (BDD-YBOCS)
The National Institute of Mental Health Global Obsessive-Compulsive Scale (BDD-NIMH) provides a global rating of BDD severity on a 15-point scale.
The Clinical Global Impression Scale, a standard scale with 7-point severity and improvement items, was applied to BDD symptoms (BDD-CGI).
Any appropriate questionnaire to receive credit.

(b) Suggest how you would test the reliability and validity of the questionnaire described in part (a). **[8]**

General: In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: Candidates must test reliability (4 marks) and validity (4 marks). Reliability of a questionnaire is usually tested using split-half, test-retest. Validity can be concurrent, face or any other variation the candidate describes which is appropriate.

PSYCHOLOGY AND ORGANISATIONS

Section A

17 (a) Explain, in your own words, what is meant by 'situational leadership'. **[2]**

Typically: situationists believe that no one leadership style is best. Instead the most successful leaders are those who can adapt their leadership style to the individual or group they are attempting to lead.

(b) Describe the theory of situational leadership proposed by Hersey and Blanchard (1988). **[4]**

Syllabus:
Leadership style and effectiveness: Effectiveness: contingency theory (Fiedler, 1976); situational leadership (Hersey & Blanchard, 1988), Path-goal theory (House, 1979). Styles: permissive versus autocratic (e.g. Muczyk & Reimann, 1987). Leadership training and characteristics of effective leaders.

Expansion:
Leadership is the amount of Task Behaviour and Relationship Behaviour that the leader provides to their followers. There are four leadership styles which apply in different situations: Telling, Selling, Participating and Delegating. More than this, effective leadership will depend on the level of 'maturity' of the followers, those being led. There are four levels, labelled M1 to M4.

Section B

18 (a) Describe what psychologists have learned about group behaviour in organisations. [8]

Candidates are likely to include some of the following details from the syllabus:

Group dynamics, cohesiveness and teamwork: Group development (e.g. Tuckman, 1965; Woodcock, 1979). Group cohesiveness, teambuilding and team performance. Characteristics of successful teams.

Decision-making: The decision-making process (e.g. Wedley & Field, 1983). Decision style and individual differences in decision-making. Individual versus group decisions. Groupthink (e.g. Janis, 1972) and group polarisation. Strategies to avoid groupthink and training to avoid poor decisions (e.g. Bottger & Yetton, 1987)

Group conflict: Major causes of group conflict: organisational and interpersonal. Positive and negative effects of conflict. Managing group conflict (e.g. Thomas, 1976).

(b) **Evaluate what psychologists have learned about group behaviour in organisations, including a discussion of the usefulness of the findings.** [12]

NOTE: any evaluative point can receive credit; the hints are for guidance only.

Evaluation of theory:
Internal strengths and weaknesses.
Theoretical issues: reductionism, determinism, ethnocentrism.
Supporting/contradicting evidence.
Comparisons and contrasts with alternative theory.

Evaluation of research:
Strengths and weaknesses of methods, sample, controls, procedure.
Evaluation of and comparisons and/or contrasts with alternative methodologies.

Evaluation of issues and debates:
Any relevant debate can be raised, such as qualitative versus quantitative data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

Named issue:
Usefulness: Is psychological research useful? Do research findings apply in actual work situations? Some findings are more useful than others, and candidates are free to argue the case for or against a particular research finding.

Section C

19 Motivation can be divided into two basic types: intrinsic motivation and extrinsic motivation.

(a) Suggest how <u>you</u> would use a questionnaire to investigate which type of motivation is more effective for workers in your organisation. [8]

General: In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

Specific: Candidates must design a questionnaire, so inclusion of question type (open ended, closed, etc.), answer format (yes/no, rating scale, etc.) and scoring (meanings of points scored) are essential features. Knowledge of motivation in a workplace should be evident.

(b) Using examples, describe what is meant by intrinsic motivation and extrinsic motivation. [6]

Syllabus:
Motivators at work: Intrinsic and extrinsic motivation. Types of rewards systems: e.g. pay, bonuses, profit sharing. Performance-related pay. Non-monetary rewards: praise, respect, recognition, empowerment and a sense of belonging. Career structure and promotion prospects.

Most likely:
Extrinsic rewards: pay, promotion and fringe benefits: salary, commission, bonuses, promotions and competitions/incentive schemes could be used against sales objectives such as volume, profitability, new account development. Can also include merchandise incentives, company car etc.
Intrinsic rewards: challenge, achievement and success. Many theorists such as Maslow and McGregor place money low down on the list of motivators. For McGregor, praise and recognition are much more important. Also praise, respect, recognition, empowerment and a sense of belonging are said to be far more powerful motivators than money. Mayo believed that workers could be motivated by acknowledging their social needs and making them feel important.

20 **You are a car designer and you want to light up the instrument panel with a colour that is less distracting, and so is less likely to cause an accident.**

    (a) **Suggest how <u>you</u> would conduct a laboratory experiment to find out which colour of instrument panel lighting is best.** **[8]**

        General: In this question part candidates are free to suggest any way in which the assessment request could be investigated. This may be in the form of a number of suggestions for research, application or development of a theoretical approach, or it may be that candidates design their own study to investigate the assessment request. Such an approach can include any appropriate method. Each answer should be considered individually as it applies to the mark scheme. Marks awarded for methodological knowledge and how the methodology is applied to this topic area.

        Specific: Candidates must use a laboratory experiment so IV, DV, controls, design, etc. are essential features. Knowledge of visual displays and ergonomics should be evident.

    (b) **Describe what psychologists have learned about visual displays and ergonomics.** **[6]**

        Syllabus:
        Ergonomics: Operator-machine systems: visual and auditory displays, controls. Errors and accidents in operator-machine systems. Reducing errors: theory A and theory B (Reason, 2000).

        Expansion:
        Studies of ergonomics and visual displays focus on aspects such as:
- **Legibility** (e.g. can information be obtained from the display quickly with the required accuracy)
- **Positioning** (e.g. does the reading of instruments require undue movement of head and/or body)
- **Accuracy and speed** (e.g. are reading errors minimised by the design of the instrument)
- **Controls** (e.g. does the controlling hand impede the reading of the dial)