

NOVEMBER 2002

GCE ADVANCED LEVEL

MARK SCHEME

MAXIMUM MARK : 70

SYLLABUS/COMPONENT : 9698/03

PSYCHOLOGY



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Section A

Q	Description	mark
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	<i>Part (b) could require one aspect in which case marks apply once. Part (b) could require two aspects in which case marks apply twice.</i>	
	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	<i>Part (c) could require one aspect in which case marks apply once. Part (c) could require two aspects in which case marks apply twice.</i>	
	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

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Section B

Q	Description	Mark
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
	ANALYSIS [Key points and valid generalisations]	
	Key points are identified for a given study (or number of studies) OR across studies, but no valid generalisations/ conclusions are made.	1
	The answer identifies key points across studies and valid generalisations/ conclusions are made.	2
	CROSS REFERENCING [Compare and contrast]	
	Two or more pieces of evidence are offered for a given issue but the relationship between them is not made explicit.	1
	Two or more pieces of evidence are offered for a given issue and the relationship between them (comparison or contrast) is explicit.	2
	ANALYSIS [Structure of answer]	
	The essay has a basic structure and argument.	1
	Structure sound and argument clear and coherent.	2
	Maximum mark for part (b)	10
	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 'psychometric test'.	2
	Typically: a standardised test that is reliable, valid and provides a statistical measure of performance.	
Q1b	Describe one type of psychometric test used in education	3
	Most likely answers will describe a type of test eg intelligence, aptitude or diagnostic or name a test such as the Wechsler.	
Q1c	Describe one strength and one weakness of the psychometric test in (b).	6
	Any appropriate example sufficient.	

Q2a	Explain, in your own words, what is meant by the term 'individual differences in educational performance'.	2
	Typically: any difference in the performance of an individual which differs from the norm.	
Q2b	Describe one gender difference in educational performance.	3
	Most likely: males have better visuo-spatial ability, females better verbal ability. This would tend to suggest that males are better at mathematics and related subjects (90% of air traffic controllers are male), girls at languages and related subjects	
Q2c	Describe two explanations for differential educational performance.	6
	Wide range of answers possible here. Any two factors from a long list including social class, type of family, position in family, expectation of family, gender, time-orientation, competitiveness and individualism, racism, etc	

SECTION B

Q3a	Describe what psychologists have discovered about special educational needs.	8
	<p>Special needs can include giftedness and specific learning and behavioural disabilities. A definition of giftedness might be a good place to start but right away there are problems. Some believe it is exceptional performance on an intelligence test. But where is the borderline between gifted and others set? Terman (1925) claimed IQ of 140 (approx 1 in 200); Ogilvie (1973) suggests IQ of 130 (1 in 40) and DeHaan and Havighurst (1960) suggest 120 (approx 1 in 10).</p> <p>Others believe giftedness is a more specific ability such as in sport or music. Bridges (1969) and Tempest (1974) outline signs of giftedness, Bridges with seven (read at 3 years of age; enormous energy) and Tempest with nine (likely to be highly competitive; able to deal with abstract problems).</p> <p>Hitchfield (1973) found teachers were not good at identifying giftedness and Torrance (1970) claims 'society is savage toward creative thinkers' and Ogilvie (Schools Council Report on gifted children in primary schools 1973) suggested provision was inadequate.</p> <p>A definition of disruptive behaviour might be a good place to start but right away there are problems. Who does the defining? Major types are: conduct (eg distracting, attention-seeking, calling out, out-of-seat); anxiety & withdrawal; immaturity and verbal and physical aggression; bullying. School refusers disrupt themselves and is legitimate. Persistently disruptive children are often labelled as having emotional and behavioural difficulties (EBD).</p>	

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Q3b	Evaluate ways in which educational performance is assessed in schools.	10
	<p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> the methods used to gather data competing explanations the implications children; the implications for teachers 	
Q3c	You are the parent of a mentally gifted child. Giving reasons for your answer, suggest what strategies you would expect teachers to adopt to educate your child successfully.	
	<p><i>Mark scheme guidelines apply in that any reasonable suggestion is acceptable.</i></p> <p>How does an education system deal with gifted children? Three general approaches: 1] acceleration: bright children are promoted to a higher class than normal. Good intellectually but bad socially and emotionally. 2] segregation: bright children selected for particular schools. This may result in academic success in a particular ability but it is unfair, divisive and hard to implement. 3] enrichment: done within a normal classroom and can involve extra-curricular activity and individualised learning programmes with independent learning possible. Some argue this is best as socially it is good and gives a much wider range of children opportunities to progress. In the USA Renzulli (1977) advocates an enrichment triad model (aka revolving door model) where children in top 25% on academic ability or creative potential or high motivation can be enriched - but only if they wish. Stanley's (1976) radical acceleration is for gifted mathematicians.</p>	6
Q4a	Describe what psychologists have learned about the design and layout of educational environments.	8
	<ol style="list-style-type: none"> <u>Focus on building design</u>: <ol style="list-style-type: none"> with comparisons between open plan schools versus 'traditional' designs. Traditional = formal; open plan = individualistic. Rivlin & Rothenberg (1976): open plan imply freedom, but no different from traditional. Open plan offer too little privacy & too much noise. Conclusion: some children do better with traditional, others better with open plan. Wheldall (1981) 'on-task' (formal) vs. 'off-task' (informal). Some studies refer to effect of number of windows (eg Ahrentzen, 1982); amount of light. Some to effects of temperature (eg Pepler, 1972) Reynolds et al (1980) found age and physical appearance of school had nothing to do with academic accomplishments. small vs. large school (Barker & Gump, 1964): small have several advantages eg sense of belonging. <u>Focus on classroom layout</u>: (a discovery learning room) with availability of resources; use of wall space: too much v too little (eg Porteus, 1972). <u>Focus on seating arrangements</u>: sociofugal v sociopetal (rows v horseshoe v grouped). <u>'perspectives' approach</u>: architectural [environmental] determinism. <ol style="list-style-type: none"> Staffing theory (Wicker et. al. (1972): understaffed, overstaffed or adequately staffed. Classroom capacity: how many is room designed for & how many crammed in = lack of privacy, crowding = stress & poor performance. Skeen (1976) suggests spatial zone affects performance (Hall's personal & intimate zone = optimal). 	
Q4b	Evaluate what psychologists have learned about the design and layout of educational environments.	10
	<p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> the implications of classroom design for teachers and for pupils; consider the relationship between educational design and performance 	

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	<ul style="list-style-type: none"> laboratory versus real-life studies; the usefulness of the evidence 	
Q4c	A team of designers is about to spend two days making changes to a classroom for young children. What changes would you suggest the design team make to improve the classroom environment?	6
	<i>Mark scheme guidelines apply in that any reasonable suggestion is acceptable. For example, any of the features for part (a) above could be included.</i>	

PSYCHOLOGY AND ENVIRONMENT

Section A

Q5a	Explain, in your own words, what is meant by the term 'noise'.	2
	Sound can be positive or negative as determined by individual perceptions. Negative or unwanted sound is defined as noise.	
Q5b	Describe two studies showing the negative effects of noise on social behaviour.	6
	Social behaviour includes: aggression : likely to be popular as many unethical lab studies involving electric shock. eg Geen & O'Neal (1969); Donnerstein & Wilson (1976). Helping : also popular with both lab and natural studies by Matthews & Canon (1975) and Page (1977). Some candidates may look at attraction but evidence here is iffy.	
Q5c	Describe one positive use of sound (for example, music)	3
	Any appropriate answer to receive credit. Suggestions should be psychologically based, like all other question part (c)'s. Candidates could focus on music played in doctor/dental waiting rooms to distract patients from worry about what may lie ahead. They could focus on Muzak, used in shops, supermarkets, etc to encourage people to buy certain products or attract a certain type of client. Candidates could focus on the use of music in studying (mozart effect), or any other aspect of behaviour.	

Q6a	Explain, in your own words, what is meant by the term 'cognitive map'.	2
	A cognitive map is a pictorial and semantic image in our head of how places are arranged (Kitchin, 1994).	
Q6b	Describe one way in which cognitive maps can be measured.	3
	Methods: main ones are sketch maps, recognition tasks and multidimensional scaling. Sketch maps: Lynch identified five common elements : 1. Paths : roads, walkways, rivers (ie routes for travel); 2. Edges : non-travelled lines eg fences, walls; 3. Districts : larger spaces; 4. Nodes : places, junctions, crossroads, intersections where people meet; 5. Landmarks : distinctive places people use for reference points eg tallest building, statue, etc.	
Q6c	Describe two types of error commonly made when drawing cognitive maps.	6
	Lots of possibilities here: a] Euclidean bias: people assume roads etc are grid-like: they are not. Sadalla & Montello (1989). b] superordinate -scale bias: We group areas (eg counties) together and make judgement on area rather than specific place. Eg 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. Eg people over-estimate the size of familiar areas. 3. we augment - add non-existent features.	

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SECTION B

Q7a	Describe what psychologists have discovered about crowding.	8
	<p>Candidates may look at distinctions between density (physical) and crowding (psychological). They may look at methods (laboratory and naturalistic) and both human and animal studies. The syllabus guidance notes suggests a look at performance, social behaviour and health.</p> <p>(a) animal studies: Dubos (1965) and lemmings; Christian (1960) deer and Calhoun (1962) rats.</p> <p>(b) human studies: 1. performance: Aiello et al (1975b) found impaired task performance. In lab studies both Bergman (1971) and Freedman et al (1971) report that density variations do not affect task performance. But task is crucial: no effect if task is simple; effect if task is complex. Saegert et al (1975) in high social density supermarket and railway station found impairment of higher level cognitive skills (eg cognitive maps). Heller et al (1977) suggests there is no effect on task performance when there is high social or spatial density and there is no interaction, but lots of effect when there is interaction.</p> <p>(c) human studies: 2. social behaviour: helping: studies by Bickman et. al. (1973) in dormitories and Jorgenson & Dukes (1976) in a cafeteria requesting trays be returned. Aggression: Studies involving children. Price (1971); Loo et al (1972); Aiello et al (1979) all found different things. Crucial variable is toys given to children. Studies on male-female differences too. Candidates could look at crowding and attraction.</p> <p>(d) human studies: 3. health: Paulus, McCain & Cox (1978) also found increase in density led to increase in blood pressure in prisoners. McCain, Cox & Paulus (1976) increase in density= more complaints of illness in prisoners. Di Atri et al (1981) study in prisons showed higher blood pressure and pulse than when in more spacious conditions. Baron et al (1976) found students in high density dormitories visit health centre more.</p>	
Q7b	Evaluate what psychologists have discovered about crowding.	10
	<p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> • the usefulness of studying animals; • differing methodologies used to gather evidence; • individual differences in the experience of crowding; • ethical issues studies may raise. 	
Q7c	Using your psychological knowledge suggest what may be done to reduce the negative experience of crowding in a public place.	6
	<p>Suggestion must apply to a public place. Suggestions like raise ceiling height is fine as long as reference is made to study itself. More likely is to increase cognitive control eg Langer & Saegert (1977)</p>	

Q8a	Describe what psychologists have discovered about natural disaster/technological catastrophe.	8
	<p>Candidates may well begin with a definition (eg that of the American president!) and a distinction between disasters (natural causes) and catastrophes (human causes). Catastrophes mean there is some human error/fault and blame can be attributed. A focus on methodology would be pertinent. Lab studies are low in ecological validity or not ethical (eg Mintz (1951). Simulations are more true to life (eg simulation following Manchester airplane fire) but participants know it is a simulation. Actual events better but not ethical to study injured, stressed, etc and no comparison or control. Candidates could look at how people behave during emergencies. Archea (1990) compares behaviours of people during earthquakes in Japan and America. Alternatively, LeBon (1895) suggests people behave like wild animals with primitive urges and stampede and are crushed (examples of fires where this has happened). Alternatively people may be crushed without stampeding (eg Hillsborough). Smelser</p>	

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	<p>(1964) suggests people don't panic if in mine or submarine due to escape routes. LaPierre (1938) looks at how panic develops. Alternatively Sime (1985) found in fire people seek companions first and do not behave as individual 'animals'. Candidates may focus on what can be done to prevent panic and look at evacuation messages (eg Loftus) or the follow me/follow directions dilemma of Sugiman & Misumi (1988). Another focus may be on preparation for an event or whether people think it will happen to them (eg Stallen, 1988) and study at Dutch chemical plant. Candidates may also look at behaviour after an event, typically post traumatic stress (eg source and Herald of Free Enterprise). Some candidates may look at pre traumatic stress.</p> <p>Candidates can legitimately look at the effects of toxic exposure, it is included in this syllabus subsection, and this should be treated as a technological catastrophe. The Three Mile Island Accident raised fears about the release of radioactive gases for example. It could be argued that sick building syndrome (SBS) is caused by toxic exposure. Whilst this may well be true, and even though a recommended text includes SBS in the same chapter as disasters, SBS can hardly be categorised as a catastrophe and so should receive no credit.</p>	
Q8b	Evaluate what psychologists have discovered about natural disaster/technological catastrophe.	10
	<p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> • <i>defining and categorising disaster and catastrophe;</i> • <i>cultural differences in disaster/catastrophe behaviour;</i> • <i>whether theories apply in real life,</i> • <i>the methods psychologists use to gain their evidence</i> 	
Q8c	Giving reasons for your answer, suggest ways in which psychologists could help people before the occurrence of a disaster/catastrophe.	6
	They could look at attitudes toward potential danger "it won't happen to me"; fear of flying, etc; they could look at evacuation messages and plans for escape. Relevant evidence referred to above. They could look at emergency plans such as those issued by the FEMA for earthquakes.	

PSYCHOLOGY AND HEALTH

Section A

Q9a	Explain, in your own words, what is meant by the term practitioner style.	2
	Most likely: the approach the practitioner adopts during a consultation with a patient.	
Q9b	Outline two styles adopted by practitioners when dealing with patients.	6
	Byrne & Long (1976) distinguish between a doctor-centred style and a patient-centred style . This updated by Savage & Armstrong (1990). Doctors differ in judgements (Binky's disease) and may make a faulty diagnosis. This could be due to primacy & recency effects, or could be due to doctor approach (use of computers, statistics, heuristics). Are doctors more likely to make a type 2 error than type 1? (eg Elstein & Bordage, 1979). Male doctors may differ from female doctors. Seating position and personal space distance may contribute to the process.	
Q9c	Describe one way in which the practitioner relationship can be improved.	3
	In addition to changing any of the above features, such as changing to patient rather than doctor centred style, there are specific suggestions to change physician behaviour. (DiMatteo & DiNicola, 1982) suggest sending Dr's on training courses; alternatively changing communication style (Inui et al, 1976), Taylor (1986); change information presentation techniques (Ley et al, (1982). Tapper-Jones (1988) suggests using visual material such as diagrams.	

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Q10a	Explain, in your own words, what is meant by the term 'stress'.	2
	There are so many definitions and all of which tend to be long and complex. Vague explanations to receive credit.	
Q10b	Describe two ways in which stress can be measured by questionnaires.	6
	<ul style="list-style-type: none"> • Psychologically by Questionnaire based on life events Holmes & Rahe (1967) <i>Social Readjustment Scale</i>. Sarason et al (1978) <i>Life Experiences Survey</i>. 57 items rated on a 7 point scale (+3 to -3) items such as 'major change in financial status' Dohrenwend et al (1978) <i>PERI Life Events Scale</i>. 102 items on a 'gain, loss or ambiguous' outcome. Are 11 topic areas (family, health, work, etc) Lewinsohn et al (1985) <i>Unpleasant Events Schedule</i>. 320 items in categories on a 3 point scale. Coddington (1972) <i>Life Events Record</i>. A non-adult version for children and adolescents. • Psychologically by Questionnaire based on daily hassles Kanner et al (1981) <i>Hassles and Uplifts checklist</i>. Shaffer (1992) <i>Hassles for students</i>. • Psychologically by Questionnaire based on personality Friedman & Rosenman (1974) <i>Type A personality</i> and all subsequent work • Psychologically by Questionnaire other causal factors (such as work) eg <i>Professional Life Stress Scale</i>. 	
Q10c	Describe one other way in which stress could be measured.	3
	<ul style="list-style-type: none"> • Physiologically by recording devices sphygmomanometer - recording blood pressure; galvanic skin response - recording skin conductivity; heart rate - pulse or ECG; polygraph - combines all above. • Physiologically by sample tests blood or urine samples - record levels of hormone (i) cortico-steroids and (ii) catecholamines. 	

Section B

Q11a	Describe what psychologists have discovered about substance use and abuse.	8
	<p>Candidates could offer definitions, distinguishing between use and abuse (eg Rosenhan & Seligman, 1984); dependence (physical and/or psychological) tolerance, addiction and withdrawal. They could also consider who uses/abuses and why they use/abuse. Possible causes:</p> <ul style="list-style-type: none"> ⊕ Smoking: 1. genetic (eg Eysenck, 1980) 2. nicotine addiction/regulation model (eg Schachter, 1980) 3. Biobehavioural model (eg Pomerleau, 1989) 4. opponent process model (eg Solomon, 1980) cough=nasty so smoke=nice. 5. social learning/modelling. 6. Tomkins (1966): positive affect; negative affect; habitual; addictive. 7. Leventhal & Cleary (1980): why start: tension control; rebelliousness; social pressure. Lots of evidence to support; some good some iffy. ⊕ Drinking: 1. tension reduction hypothesis (eg Conger, 1956) 2. disease model (a) Jellineks (1960) gamma & delta; (b) alcohol dependency syndrome (eg Edwards et al, 1977) =7 elements of dependency. 3. social learning/modelling. Whereas 2. = genetic, 3. = learning so good for section (b). ⊕ Drugs: similar reasons to above. Note that types of drugs and their effects are not relevant and should receive no credit. ⊕ Food (obesity) 1. age and metabolism 2. 'gland problems' 3. heredity: lots of twin studies & correlations with parents. 4. The set-point theory. set-point 	

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	determined by fat consumed as a child determining need for fat later. 5. restrained versus unrestrained eaters. Food (anorexia/bulimia) biological, cultural and psychological revolving around body image in females. Lots of explanations to choose from and relate.	
Q11b	Evaluate what psychologists have discovered about substance use and abuse	10
	<i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i> <ul style="list-style-type: none"> • the methods psychologists use to gain their evidence; • comparing and contrasting theories; • ethical issues involved in the research; • generalisation of the results from the use of research participants. 	
Q11c	Using your psychological knowledge, suggest ways in which people can be encouraged to give up or quit the abused substance.	6
	Most likely: drug therapy, such as nicotine patches for smoking or an emetic such as antabuse for alcoholics. Behavioural techniques also apply: use of reinforcement and contingency contracts. Alternatives such as acupuncture and hypnosis could be credited too.	

Q12a	Describe what psychologists have learned about health promotion.	8
	1] Appeals to fear/fear arousal (Janis & Feshbach, 1953) is the traditional starting point. This is likely to be included because their <i>strong fear appeal</i> could be said to be unethical and are not the most effective. The Yale model (source of message/message/recipient) underlies so many attempts. 2] providing information via media (eg Flay, 1987) 3 approaches: 1] provide negative info only; 2] for those who want to be helped provide first steps; 3] self help via tv audience. 3] behavioural methods: provision of instructions, programmes, diaries to use as reinforcers. Attempts in schools, worksites (eg Johnson & Johnson) & communities (eg three community study) <u>Specific attempts</u> : smoking: Evans & fear arousal, Best & social inoculation, Botvin & life skills training. The focus can also be on health protective behaviours & encouraging primary prevention (eg BSE & TSE). <u>Specific attempts</u> : cancer: advertising (the source for example); media campaigns: in US use of Betty Ford/Nancy Reagan; providing information: leaflets etc in schools, health centres, etc. Also important is sending personal reminder to attend.	
Q12b	Evaluate what psychologists have found out about health promotion.	10
	<i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i> <ul style="list-style-type: none"> • the effectiveness of promotions; • the assumptions about human nature; • the ethics of some strategies; • the methodology used by psychologists.. 	
Q12c	Using psychological evidence, outline the main features of a school-based programme aimed at promoting an aspect of health of your choice.	6
	Candidates have the choice of health aspect to promote and this could include diet, smoking, or some other aspect such as BSE/TSE. Typical school programmes include those by Walter and Flay.	

PSYCHOLOGY AND ABNORMALITY

Section A

Q13a	Explain, in your own words, what is meant by the term 'abnormal learning'.	2
	Abnormal learning includes any type of learning abnormality a child may have in a classroom.	
Q13b	Describe two types of abnormal learning.	6
	Most typically this would include autism, dyslexia (and related difficulties eg dyscalculia) ADHD (attention deficit with/without hyperactivity).	
Q13c	Describe one way in which an abnormal learning of your choice may be treated.	3
	Depends on choice, but most likely: treatments will either be medical (drugs) or psychological (cognitive-behavioural) or alternatives. Eg for ADHD typically ritalin has been used extensively but also diet is considered to be important.	

Q14a	Explain, in your own words, what is meant by the term 'abnormal need'.	2
	Typically involves a failure to resist acting on impulse, that could be harmful to the individual, has an increased sense of tension prior to the action, has the experience of gratification or release at the time of action.	
Q14b	Briefly describe two types of abnormal need.	6
	Most likely: will include problems such as compulsive gambling, pyromania and kleptomania but any other need is legitimate.	
Q14c	Give one way in which an abnormal need of your choice can be treated.	3
	Most likely treatment will be behaviourally or cognitive-behavioural such as systematic desensitisation. Psychotherapy is also a possibility.	

SECTION B

Q15a	Describe what psychologists have found out about abnormal affect.	8
	Typically: abnormal affect concerns disorders of mood and emotion, most typically depression and mania or manic depression.	
Q15b	Evaluate what psychologists have found out about abnormal affect	10
	<p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> • points about defining and categorising abnormality; • cultural and individual differences; • comparing and contrasting explanations of cause; • implications of individual and society. 	
Q15c	Giving reasons for your answer, suggest ways of overcoming seasonal affective disorder.	6
	Use of drugs to combat depression is a possibility, but most effective treatment is exposure for up to 4 hours per day to a light box that emits bright light of 2500 lux plus. A normal light emits only 200-500 lux.	

Q16a	Describe psychological models of abnormality	8
	<p>Typically: collection of assumptions concerning the way abnormality is caused and treated. Includes medical, psychological (behavioural, psychodynamic, etc)</p> <p>More specifically:</p> <p>Psychoanalytically oriented therapy (derived from Freud) believes that disorders result from self protective defences that impair psychological development.</p> <p>Conflicts are repressed rather than being dealt with and the byproduct of the</p>	

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	<p>conflicts is anxiety which is covered over by defence mechanisms. Treatment targets the conflict enabling them to be resolved.</p> <p>Humanistic oriented therapy is also legitimate but less likely to be mentioned by candidates.</p> <p>The Behavioural model sees psychological disorders as being learned, through conditioning and modelling. If maladaptive behaviour are learned then they can be unlearned (counter-conditioning). Treatments include systematic desensitisation, implosive therapy, contingency contracting. Also are cognitive-behavioural approaches.</p> <p>A third major model is the medical model which views mental illnesses in the same way as physical illnesses: one is of the body whilst the other is of the mind. Treatments largely involve drugs to counter chemical imbalances, but also treatments such as ECT and psychosurgery may be used for particular problems.</p>	
Q16b	Evaluate psychological models of abnormality.	10
	<p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> • points about defining and categorising abnormal behaviours; • how models gain supporting evidence; • comparing and contrasting models; • implications for individuals involved in treatments. 	
Q16c	Suggest a treatment for any disorder of your choice based on one of the models you have referred to above.	6
	Most likely treatment will be behaviourally or cognitive-behavioural such as systematic desensitisation. Psychotherapy is also a possibility, and if the medical model has been outlined in part (a) then drug treatments, ECT and similar may be included.	

PSYCHOLOGY AND ORGANISATIONS

Section A

Q17a	Explain, in your own words, what is meant by the term 'human resource management'.	2
	HRM looks at performance appraisal, reward systems and personnel selection processes.	
Q17b	Briefly describe one performance appraisal technique.	3
	Performance appraisal is the formalised means of assessing worker performance. One way in which this can be done is by use of comparison of one worker with another. Checklists can be used which involve the checking of statements about a particular job. There are graphic rating scales and behaviourally anchored rating scales . See Riggio p73-83	
Q17c	Describe two ways in which individuals can be rewarded.	6
	<p>Most likely:</p> <p>a] additional responsibility and enhanced conditions;</p> <p>b] material reward: salary, commission, bonuses, promotions and competitions/ incentive schemes could be used against sales objectives such as volume, profitability, new account development.</p> <p>c] material reward: merchandise incentives, company car etc.</p>	

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Q18a	Explain, in your own words, what is meant by the term 'quality of working life'.	2
	QWL involves all aspects of life at work, particularly job satisfaction: the feelings and attitudes about one's job.	
Q18b	Describe one way in which job satisfaction can be measured.	3
	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.	
Q18c	Describe two ways in which job satisfaction can be increased.	6
	Any suggestion based on psychological theory acceptable. Can be done through changes in job itself such as rotation or promotion. Could be material reward such as money. Could be through better conditions (physical or psychological).	

Section B

Q19a	Describe what psychologists have found out about interpersonal communication in organisations.	8
	This is the passage of information between one person or group to another person or group. Communication involves: sender, message and receiver (eg Hurier model for effective listening); encoding, channel and decoding. Candidates may consider the varieties of communication: 'phone, face-to-face, meeting, memo, newsletter, employee handbooks, reports, e-mail, voice-mail, teleconference, etc). Each has advantages & disadvantages. Another set of factors are: <ul style="list-style-type: none"> • Organisational structures: downward, upward and horizontal/lateral. • Barriers: filtering, censoring, exaggeration (knowledge is power!) • Breakdown: impression management, self confidence, competence; mistrust; defensiveness; undercommunication. Candidates can base their answers on communication networks (eg Leavitt's (1951) centralised and de-centralised)	
Q19b	Evaluate what psychologists have found out about interpersonal communication in organisations.	10
	<i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i> <ul style="list-style-type: none"> • the implications of various communications for speed; • individual preference and/or satisfaction; • comparing and contrasting alternative communication techniques; • how psychologists gather evidence in this area. 	
Q19c	Giving reasons for your answer, suggest strategies that can increase upward communication flow from workers to management.	6
	Machin (1980) suggests the expectations approach; Marchington (1987) suggests 'team-briefing' Also: employee suggestion systems; grievance systems; open-door policies; employee surveys; participative decision making; corporate hotlines; brown bag meetings; skip-level meetings. Candidates may refer to Tesser & Rosen's (1985) the MUM effect, the reluctance to tell superiors of something bad.	

Q20a	Describe what psychologists have discovered about motivation to work.	8
	A number of theories to choose from. Can do a range with less detail or few in more detail. [1] Need theories of motivation: individual needs [a] Maslow's need-hierarchy (1965): five tier hierarchy: physiological, safety, social, esteem and self actualisation. Starting with	

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	<p>physiological each must be satisfied in order. Lots of attention received, but not much support; not a good predictor of behaviour and no useful application. [b] Alderfer's ERG theory (1972). Three levels: existence, relatedness and growth. Little support. [c] McClelland's achievement-motivation theory (1961): three work related needs: need for achievement (get job done, success, etc); need for power (direct & control others; be influential); need for affiliation (desire to be liked and accepted; friendship). Methodology used: TAT (thematic apperception test): look at picture then relate story it suggests. Is a projective test & scoring can be unreliable. Good application: match profiles to jobs; achievement training programmes.</p> <p>[2] Job design theories: if job well designed & satisfying needs = good motivation. [a] Herzberg's two factor theory (1966): Job satisfaction & job dissatisfaction are two separate factors. Motivators = responsibility, achievement, recognition, etc = job satisfaction. Hygienes = supervision, salary, conditions, etc = job dissatisfaction. Some support but led to Job enrichment (redesigning jobs to give workers greater role). [b] Job characteristics model (Hackman & Oldham, 1976): workers must perceive job as meaningful (skill variety, task identity & task significance) responsible (autonomy) and gain knowledge of outcome (feedback). These can be scored. Also JDS (job diagnostic survey) is questionnaire measuring above characteristics.</p> <p>[3] Rational (cognitive) theories: people weigh costs & rewards of job [a] Equity theory (Adams, 1965) fair treatment = motivation. Worker brings inputs (skills, etc) & expects outcomes (pay, etc). Equality determined by comparison with others. [b] VIE theory (or expectancy) (Vroom, 1964): workers are rational & decision making & guided by potential costs (negative outcomes) & rewards (positive outcomes). [4] Goal setting theory (Locke, 1968): for motivation goals must be specific, clear and challenging. [5] Reinforcement theory (traditional): positive & negative reinforcers & punishment.</p> <p>Ref Riggio Chp 6</p>	
Q20b	Evaluate what psychologists have discovered about motivation to work.	10
	<p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> • Comparing and contrasting theoretical explanations; • the measures used to gain data; • the assumptions made about human behaviour; • individual differences in motivation to work. 	
Q20c	Using your psychological knowledge, suggest what the management of any company could do to motivate its employees.	6
	<p>This question requires more than mere replication of the above theories and it requires more than common sense answers such as "increase pay". This question requires candidates to specifically apply motivators to salespeople. What is required is the combination of suggestions with an appropriate theory eg an increase in pay is one of Herzberg's hygiene factors. This, of course is only one approach. Possible motivators include:</p> <p>a) responsibility for decisions such as negotiating prices, planning journeys and times, etc</p> <p>b) material reward: salary, commission, bonuses, promotions and competitions/ incentive schemes could be used against sales objectives such as volume, profitability, new account development.</p> <p>c) material reward: merchandise incentives, company car etc.</p>	