UNIVERSITY OF CAMBRIDGE INTERNATIONAL EXAMINATIONS

GCE Advanced Level

MARK SCHEME for the November 2005 question paper

9698 PSYCHOLOGY

9698/03 **Paper 3** **maximum raw mark 70**

This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. It shows the basis on which Examiners were initially instructed to award marks. It does 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*.

The minimum marks in these components needed for various grades were previously published with these mark schemes, but are now instead included in the Report on the Examination for this session.

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

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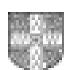

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Q	Description	marks
Qa	No answer or incorrect answer	0
	Some understanding, but explanation brief and lacks clarity	1
	Clear, accurate and detailed and explicit explanation of term	2
	max mark	2
Qb	Part (b) could require one aspect in which case marks 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 Section A	11

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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
	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

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	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

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PSYCHOLOGY AND EDUCATION

Section A

1 (a)	Explain, in your own words, what is meant by the term 'gifted'.	**2**
	Typically: educational ability of those who are statistically not normal being at the top end of the normal distribution curve. Could be a definition from Q1b below.	
(b)	Describe **one** way in which giftedness can be assessed.	**3**
	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). 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). Hitchfield (1973) found teachers were not good at identifying giftedness.	
(c)	Describe **two** ways in which children who are gifted could be educated.	**6**
	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.	
2 (a)	Explain, in your own words, what is meant by 'design and layout of educational environments'.	**2**
	Typically: features of the architecture and contents of any area where education takes place.	
(b)	Describe **two** physical features of learning environments that may affect learning.	**6**
	a. 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 and too much noise. Conclusion: some children do better with traditional, others better with open plan. b. Some studies refer to effect of number of windows (e.g. Ahrentzen, 1982); amount of light. c. Some to effects of temperature (e.g. Pepler, 1972) d. classroom layout: (a discovery learning room) with availability of resources; use of wall space: too much v too little (e.g. Porteus, 1972). e. seating arrangements: sociofugal v sociopetal (rows v horseshoe v grouped). f. Classroom capacity: how many is room designed for and how many crammed in = lack of privacy, crowding = stress and poor performance.	
(c)	Describe **one** study which shows how the physical features of a learning environment affected the performance of children.	**3**
	Most likely is study by Bronzaft (1975) reading age of children much lower on side of school next to elevated railway in New York. Put in rubber tracks and soundproofing and 3 years later reading ages had improved. Studies of children near airports also relevant as are other studies' features as mentioned above.	

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Section B

3 (a)	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	
(b)	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.	
(c)	Giving reasons for your answer, suggest how you, as a school teacher, could improve the performance of a group of boys who are performing poorly at school.	
	Mark scheme guidelines apply in that any reasonable suggestion is acceptable. One strategy would be to **segregate** them and give them special attention, possibly through small group tutorials. A variation is simply to educate the boys separately from the girls. An alternative strategy is to have them remain **integrated** but have seating positions reorganised (boy-girl-boy-girl).	**6**

4(a)	Describe what psychologists have discovered about teaching and learning styles.	**8**
	Learning styles are for the learner and teaching styles are the way in which teachers present material to be learned. Anything that could be considered a teaching approach or style is acceptable. Lefrancois outlines a **'teaching model'** pointing out what is desired before, during and after teaching. He also outlines 28 recommended behaviours for effective teaching. Fontana suggests the debate is between **formal** (subject emphasis and to initiate children in essentials) and **informal** (emphasis on child, teacher identifying child's needs) styles. A study on this was carried out by Bennett (1976) and followed up by Aitken et al (1981). Similarly Flanders (1970) suggests **direct** (lectures, etc) versus **indirect** (accepts that children have ideas & feelings) styles. Evidence exists for each approach. Bennett (1976) found progress in three 'R's' better in primary school using formal approach. Haddon & Lytton (1968) found creativity better when informal approach used. Based on the work of Lewin et al, Baumrind (1972) outlines three styles: authoritarian, authoritative (i.e. democratic) and laissez-faire. Baumrind believes the authoritative style is most effective. It could be argued that learning styles are determined by approach to, or perspective on, learning and so candidates could consider styles adopted if following a **behaviourist** or **cognitivist** or **humanist** approach. Learning styles have direct implications for teaching styles. Possible styles include lecturing, discussing, reciting, dictating, questioning, guided discovery, peer tutoring, etc. Advantages and disadvantages of each are relevant. An alternative is to consider Kolb's (1976) learning styles whereby a preferred learning style can be identified through a learning kite. Four styles are possible: dynamic, imaginative, analytical and common-sense.	

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(b)	Evaluate what psychologists have discovered about teaching and learning styles.	**10**
	NOTE: any evaluative point can receive credit; the hints are for guidance only. • the implications of learning styles for teachers; • the implications of teaching styles for pupils; • the usefulness of the evidence; • individual differences in styles; • how psychologists gain their evidence.	
(c)	Giving reasons for your answer, suggest how a teacher may improve the learning effectiveness of students preparing for a psychology examination.	**6**
	Mark scheme guidelines apply in that any reasonable suggestion is acceptable. Emphasis is on teacher not student. Any appropriate strategy that has supporting psychological reasons.	

PSYCHOLOGY AND ENVIRONMENT

Section A

5 (a)	Explain, in your own words, what is meant by the term 'density'.	**2**
	Density refers to physical conditions (may be social or spatial). Crowding is a psychological state determined by perceptions of restrictiveness when exposed to spatial limitations (Stokols, 1972).	
(b)	Briefly describe **two** studies showing the effects of crowding on social behaviour.	**6**
	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**.	
(c)	Describe **one** way in which a person can reduce the negative effects of crowding they experience.	**3**
	Most likely: **Increase cognitive control**: Langer et al (1977) info about crowding to one group but not to other before entering crowded grocery store. If expecting crowding then not as bad if unexpected. **Coping with crowding**: e.g. Karlin et al (1979) gave training in muscle relaxation, cognitive reappraisal or imagery. Found cognitive reappraisal best.	

6 (a)	Explain, in your own words, what is meant by 'community environmental design'.	**2**
	Typically: the design of buildings for public use. This most typically involves the design of shopping centres/malls but also the design of housing communities such as Newman's Clason Point.	
(b)	Describe **one** effect of urban living on health and **one** effect of urban living on social behaviour.	**6**
	Most likely: **1. Affiliative behaviour** **Krupat** (**1982**) A confederate approaches the participant and tries to take a picture of them.The pictures are then rated by college students. These students rated 'urbanites' as less friendly, less easy-going and more tense compared to 'ruralites'. **Milgram** (**1977**) Undergraduate students approached a stranger and extended their hand in a friendly gesture (as if to initiate a handshake). Only 38.5% of city dwellers reciprocated compared to 66% in rural areas. **2. Pro-social behaviour** **Altman** (**1969**) had participants knock on a door explaining that they were visiting a friend and that they had lost the address. They still had the number and could they possibly use your 'phone to call their friend. Do you think that people would let them	

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	in? Altman found that a woman was admitted to about 94% of the small-town homes but only to 40% of the city homes; a man was admitted to about 40% of the small town homes but only 14% of the city homes. **Amato** (**1983**) study in 55 different Australian communities. A man limped down a street then screamed, fell over and clutched his leg which began bleeding profusely. Small town (under 1,000 inhabitants) 50% stopped to help. In a city of 20,000-30,000 this dropped to 25%. Down to 15% in major cities with over 1 million inhabitants. These findings have been confirmed in studies carried out in countries such as Israel, Turkey, the Sudan, Australia and Britain. **Health** **Franck et al** (**1974**) Interviews with students who were newcomers to either or small town or a large City. Urban newcomers experienced significantly more tension in the city. Reverse true of those moving to rural area. Urbanites affected far more by physical stressors (pollution, crowding, noise). Rural newcomers complained of lack of cultural diversity.	
(c)	Describe **one** urban housing design that has been successful.	**3**
	Why did Pruitt-Igoe fail? **Newman** (**1976**) certain buildings are likely to be vandalised/burglarised because of their design. Crucial aspects include: 1. **Zone of territorial influence**: an area which appears to belong to someone. If no apparent owner (i.e. is semi-public) > more vandalism 2. **Opportunities for surveillance**: vandalism more likely if vandals cannot be seen. Newman put ideas into practice and designed low-cost housing project – Clason Point in New York City. Clason Point consists of cluster housing of 12-40 families per cluster. Increased defensible space. 1. Assigned public space to be controlled by specific families by using fencing. 2. Reduced number of pedestrian routes through the project and improved lighting along the paths. 3. Improved the image and encouraged a sense of personal ownership by giving different colours to individual dwellings. Residents took pride in their dwellings, planting grass, adding own new modifications and even sweeping the public sidewalks. Serious crimes dropped by 62%. Number of residents who said they felt they had the right to question a stranger in the project doubled. Also Five Oaks, Dayton, Ohio (1994) streets closed, speed bumps introduced and divided into 'mini-neighbourhoods'.	

Section B

7 (a)	Describe what psychologists have discovered about noise.	**8**
	Candidates may well begin with definitions and types. As with other environment areas, the syllabus states performance, social behaviour and health. **Health**: McCarthy et al (1992) noise affects the immune system; Doring et al (1980) noise causes ulcers; Cohen et al (1986) found increased blood pressure in children at school on flight path. Many, many other studies. Is no direct link – noise may be stressful and stress causes health problems. Candidates may also look at mental health. **Performance**: 3 categories to consider: (a) effects during exposure; (b) after-effects; (c) effects on children. (a) Lab studies have shown mixed results with a wide range of variables. Effect depends on: volume, predictability and controllability; type of task performed; stress tolerance; individual personality. (b) Even if performance is not affected at time of study, effect of noise may continue for some time and hinder later performance e.g. Glass et al (1969); Sherrod et al (1977). (c) Hambrick-Dixon (1986); Cohen et al (1986) compared	

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	children from noisy and quiet schools near Los Angeles airport. Found those from noisy environment suffered from learned helplessness lack of achievement and distractibility. Evans et al (1993) study of those near Munich airport. Also problems. **Social behaviour**: **aggression**: likely to be popular as many unethical lab studies involving electric shock. e.g. 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 limited.	
(b)	Evaluate what psychologists have discovered about noise.	**10**
	NOTE: any evaluative point can receive credit; the hints are for guidance only. • points about defining and categorising noise/air pollution; • cultural and individual differences in perception of problem; • comparing and contrasting laboratory with natural studies; • the methods psychologists use to gain their evidence.	
(c)	Giving reasons for your answer, suggest ways in which positive sound, such as music, can be beneficial.	**6**
	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. The work of **North** (1997) is relevant. Candidates could focus on the use of music in studying (**Mozart** effect) or any other aspect of behaviour. Work on increases in milk yield and egg production are also relevant.	

8 (a)	Describe what psychologists have found out about crowds/collective behaviour.	**8**
	Sears et al (1991) define a crowd as people in physical proximity to a common situation or stimulus. Additionally crowds: must involve a number of interacting people; need not be face-to-face; need not be assembled in one place; members must influence one another. **Brown** (1965) classifies crowds according to their behaviours: 1. acquisitive crowd: Mrs Vaught (1928) where banks closed 2. apathetic crowd: Study of Kitty Genovese 3. expressive/peaceful crowd: Benewick & Holton (1987) interviewed people attending the visit of the Pope to Britain in 1982 4. baiting crowd: In 1964 there was the case of a man, standing on the ledge of a building ten storeys high. The crowd below of some 500 people shouted to him to jump off the ledge 5. aggressive crowd [often referred to as 'mob psychology'] 6. escaping crowd [panicky and non-panicky] **Explanations of aggressive crowd behaviour**: **Mob Psychology** of **Le Bon** (1895): Otherwise normally civilised people become "barbarians" – wild and irrational, giving vent to irrational impulses. **Turner** (1974) proposed the **emergent norm theory.** **Zimbardo** (1969) **Deindividuation**: each person is nameless, faceless, anonymous and has diminished fear of retribution. ***Laboratory studies of deindividuation*** **Zimbardo** (1969) participants wore laboratory coats and hoods that masked their faces. Similarly, **Prentice-Dunn and Rogers** 1983 , gave Pps the opportunity to give a "victim" an electric shock. **Milgram** (1963) found that people were more willing to administer shocks when the participants could not see the victim and when the victim could not see them. **Deindividuation in children**: **Diener** et al (1976) looked at deindividuation in children, using Hallowe'en and Trick or Treat as the scenario. Social constructionism and aggressive crowds: **Reicher** (1984b) who cites violent incidents involving aggressive crowds. His classic example is the 'riot' that happened in the St. Paul's district of Bristol in 1980.	

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(b)	Evaluate what psychologists have found out about crowds/collective behaviour.	10
	NOTE: any evaluative point can receive credit; the hints are for guidance only. • comparing and contrasting explanations; • how psychologists gather their data; • the ethics of various studies; • generalisability from studies: sample ethnocentrism; method	
(c)	Giving reasons for your answer, suggest how you may prevent people in a crowd from behaving anti-socially.	6
	Most likely: individuate them! Use of police (or similar) so separate crowd; use of cctv to identify individuals.	

PSYCHOLOGY AND HEALTH
Section A

9 (a)	Explain, in your own words, what is meant by the term 'adherence to medical advice'.	2
	Typically: the extent to which people carry out the instructions given to them by a medical practitioner.	
(b)	Outline **two** reasons why people may not adhere to medical advice.	6
	Any two from: **[1] Disease/Medical treatment programmes** [a] Severity of Illness [b] Side effects of treatment [c] Duration of treatment [d] Complexity of treatment [e] people are less likely to adhere if the treatment requires a change in long standing habits and behaviours. [f] expense or cost. **[2] Personal Characteristics** [a] Cognitive and emotional factors [b] Social support: adherence is increased if there is appropriate support from family and friends and whether or not the supporters are stable. However, family and friends can have a negative effect, particularly if the patient's family is large. [c] personal beliefs/ models: (1) Fear of treatments: Leventhal's (1970) parallel response model. People have two beliefs 'danger control' (seek help because their health is in danger) or 'fear control' (seek ways to reduce fear = avoid treatment, get drunk, etc). (2) common sense: Leventhal (1982) model where patients' own views about their illness can contradict doctor instructions and treatment. (3) Becker & Rosenstock's (1984) health belief model is relevant. Patients weigh up the pros or benefits of taking action against the cons or barriers of taking action and make a decision based on their assessment of these factors. (4) Fishbein & Ajzen's theory of reasoned action is appropriate. (5) Stanton's (1987) model of adherence behaviour is pertinent. **[3] Cultural factors** **[4] Relationship between person and medical service.** [a] Speed of service [b] Practitioner's personality: Byrne & Long (1976) distinguish between: doctor-centred and patient-centred personality. Savage and Armstrong (1990) study on this. [c] Male/female practitioner: Hall et al (1994) found female doctors asked more questions of patients and made more positive statements to patients. Patients talked more to female doctor. Law & Britten (1995) Is a female doctor better than a male doctor.	

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(c)	Describe **one** study which shows how adherence to medical advice can be improved.	3
	Most likely possibilities include: (a) changing physician behaviour (DiMatteo & DiNicola, 1982); sending doctors on training courses; (b) changing communication style (Inui et al, 1976); (c) change information presentation techniques (Ley et al, (1982); (d) have the person state they will comply (Kulik & Carlino, 1987); (e) provide social support (Jenkins, 1979) and increase supervision (McKenney et al, 1973). (f) Behavioural methods: tailor the treatment; give prompts and reminders; encourage self monitoring; provide targets and contracts.	

10 (a)	Explain, in your own words, what is meant by the term 'stress'.	2
	Typically: so many possible definitions! Could focus on the cause of the stress (stressor) or the stress response (e.g. emotional component) which would be preferable to a very long, all encompassing textbook quote.	
(b)	Describe **two** ways in which stress can be measured.	6
	Most likely: physiological measures and psychological measures sphygmomanometer - recording blood pressure; galvanic skin response - recording skin conductivity; heart rate - pulse or ECG; Physiologically by sample tests blood or urine samples - record levels of hormone (i) cortico-steroids and (ii) catecholamines. Psychologically by Questionnaire based on life events Holmes & Rahe (1967) *Social Readjustment Scale*. Sarason et al (1978) *Life Experiences Survey*.57 items rated on a 7 point scale (+3 to -3) items such as 'major change in financial status' Dohrenwend et al (1978) *PERI Life Events Scale*. 102 items on a 'gain, loss or ambiguous' outcome. Are 11 topic areas (family, health, work, etc) Lewinsohn et al (1985) *Unpleasant Events Schedule*. 320 items in categories on a 3 point scale. Coddington (1972) *Life Events Record*. A non-adult version for children and adolescents. • Psychologically by Questionnaire based on daily hassles Kanner et al (1981) *Hassles and Uplifts checklist*. Shaffer (1992) Hassles for students • Psychologically by Questionnaire based on personality Friedman & Rosenman (1974) *Type A personality* and all subsequent work Psychologically by Questionnaire other causal factors (such as work) e.g. Professional Life Stress Scale.	
(c)	Describe **one** way in which stress can be managed.	3
	Candidates may focus on stress management and consider: (1) **Medical/pharmacological solutions**. This perspective believes that stress can be relieved medically by use of drugs. Main types prescribed are: [a] benzodiazepines (trade names valium, librium, etc) reduce physiological arousal and feelings of anxiety by activating a neurotransmitter that decreases neural transmission. [b] beta-blockers (inderal) reduce physiological arousal and feelings of anxiety by blocking neurones stimulated by adrenaline. Psychologists have learned that drugs cause many problems.	

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	(2) **Psychological** solutions 1: (behavioural /cognitive strategies) can include **progressive relaxation** (Jacobsen, 1938); **systematic desensitisation** (Wolpe, 1958); **biofeedback**; and **modelling**. Psychological solutions 2: (cognitive/behavioural) can include **cognitive restructuring** (Lazarus, 1981); **rational-emotive therapy** (Ellis, 1962) and **multi-modal therapy** (Lazarus, 1981); **imagery** (Bridge et al, 1988) (3) **Alternative strategies** involving meditation, hypnosis or yoga. (4) Providing **social support** may also help (e.g. Cohen & Willis, 1985).	

Section B

11 (a)	Describe what psychologists have learned about health promotion.	**8**
	1] Appeals to fear/fear arousal (Janis & Feshbach, 1953 and Leventhal 1967) is the traditional starting point. This is likely to be included because their *strong fear appeal* could be said to be unethical and are not the most effective. The Yale model (source of message/message/recipient) underlies so many attempts. 2] providing information via media (e.g. Flay, 1987) 3 approaches: 1] provide negative info only; 2] for those who want to be helped provide first steps; 3] self help via tv audience. Study by Lewin (1992) healthy heart manual also relevant. 3] behavioural methods: provision of instructions, programmes, diaries to use as reinforcers. Attempts in schools, worksites (e.g. Johnson & Johnson) and communities (e.g. three community study) Specific attempts: smoking: Evans and fear arousal, Best and social inoculation, Botvin and life skills training. The focus can also be on health protective behaviours and encouraging primary prevention (e.g. BSE and TSE). Specific attempts: 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.	
(b)	Evaluate what psychologists have learned about health promotion.	**10**
	NOTE: any evaluative point can receive credit; the hints are for guidance only. • *the effectiveness of promotions;* • *the assumptions about human nature;* • *the ethics of some strategies;* • *the methodology used by psychologists.*	
(c)	Using psychological evidence, outline the main features of a worksite programme aimed at promoting health of a specific problem.	**6**
	Focus could be to reduce smoking, improve diet, etc. Most likely will be Johnson & Johnson's Live for Life, Control Data's Stay-Well with target multiple health behaviours. Gomel looked at a smoking ban in NSW Australia ambulance personnel.	

12 (a)	Describe what psychologists have learned about health and safety.	**8**
	Either general: **Theory A**: the person approach: accidents caused by the unsafe behaviour of people; Prevention is by changing the ways in which people behave; [fitting the person to the job] **Theory B**: the systems approach: accidents caused by unsafe systems at work; Prevention is by redesigning the work system; [fitting the job to the person]. Or specific: accident prone personality; human error = illusion of invulnerability or risk homeostasis or some transient state (e.g. lack of sleep). Some specific design flaw or system or design of job.	

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(b)	Evaluate what psychologists have learned about health and safety.	**10**
	NOTE: any evaluative point can receive credit; the hints are for guidance only. • the methods used by psychologists to study health and safety; • issues relating to individual and/or cultural differences; • the implications the evidence has for society design; • comparing and contrasting theoretical explanations; • the methods psychologists use to gather data.	
(c)	Using psychological evidence, suggest ways in which accidents at home can be reduced.	**6**
	Several possibilities, most likely being the use of **health promotion campaigns**. These could take place in schools, worksites or communities. Campaigns could also be specific such as that concerning chip pan fires. Answers must be psychological.	

PSYCHOLOGY AND ABNORMALITY

Section A

13 (a)	Explain, in your own words, what is meant by 'abnormal learning'.	**2**
	Abnormal learning includes any type of learning abnormality a child may have in a classroom. Most typically this would include **autism**, **dyslexia** (and related difficulties e.g. **dyscalculia**) **ADHD** (attention deficit with/without hyperactivity).	
(b)	Describe **one** type of abnormal learning and outline **one** possible cause of it.	**6**
	Depends on the type of abnormal learning chosen. Could be from those mentioned above, or any appropriate alternative. Possible causes could be numerous, most typically genetic, environmental, diet, MMR, etc.	
(c)	Describe **one** way in which abnormal learning may be overcome.	**3**
	Again depends on choice, but most likely: treatments will either be medical (drugs) or psychological (cognitive-behavioural) or alternatives. E.g. for ADHD typically ritalin has been used extensively but also diet is considered to be important.	

14 (a)	Explain, in your own words, what is meant by 'abnormal adult development'.	**2**
	Typically: general neurological degeneration that occurs as the human body deteriorates with age.	
(b)	Describe **two** types of degenerative abnormality	**6**
	Most likely: Alzheimer's disease, Pick's disease, Korsakoff's psychosis. Candidates will most likely focus on organic degeneration of the brain. Most well known are Alzheimer's disease and Pick's. Both involve atrophy of brain cells resulting in presenile dementia.	
(c)	Give **one** way in which the effects of degenerative abnormality may be reduced.	**3**
	Most likely: changes in diet with vitamin enrichment. Medication is most likely – treatments for Alzheimer's (and Pick's) being developed all the time. 'Sonic Hedgehog' one of modern treatments.	

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Section B

15 (a)	Describe what psychologists have found out about classifying and diagnosing abnormality.	**8**
	Many approaches could be taken here. Could be historical, moving from 'witchcraft' to the founders of modern classification such as kraepelin and others. Emphasis could be on development of DSM and ICD, with details on the categories. This could be general: neuroses and psychoses to a much more specific breakdown. There could be a focus on appraoches: medical, psychological, etc. Within these there could be a consideration of behavioural, psychoanalytic, humanistic, etc.	
(b)	Evaluate what psychologists have found out about classifying and diagnosing abnormality.	**10**
	NOTE: any evaluative point can receive credit; the hints are for guidance only. • points about defining and categorising abnormality; • cultural and individual differences in abnormality; • comparing and contrasting explanations of cause; • deterministic explanations; • nature versus nurture.	
(c)	Giving reasons for your answer, suggest a treatment for a classified abnormality	**6**
	Most likely: candidates will focus on one of the above aspects, and this will determine the suggested way of overcoming the problem. For example DSM/ICD outlines 'affective disorders', one aspect of this is depression and one main treatment in certain countries is ECT. Answers must be based on appropriate evidence.	

16 (a)	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. Most likely: mania – person displays spontaneity, activity, has outbursts of exuberance, has heightened 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.	
(b)	Evaluate what psychologists have found out about abnormal affect.	**10**
	NOTE: any evaluative point can receive credit; the hints are for guidance only. • points about defining and categorising abnormality; • cultural and individual differences; • comparing and contrasting explanations of cause; • implications of individual and society.	
(c)	Giving reasons for your answer, suggest ways in which abnormal affect can be overcome.	**6**
	Most likely: **ECT** (electroconvulsive therapy)/electroplexy is very common. **Chemotherapy** also common. Tranquilizers (e.g. chlorpromazine) for manic episodes and lithium for both manic and depressive episodes. **Psychotherapy** also a possibility but less common and less successful.	

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PSYCHOLOGY AND ORGANISATIONS
Section A

17 (a)	Explain, in your own words, what is meant by 'management style'.	**2**
	Typically: the way in which a leader directs a group toward the attainment of goals.	
(b)	Briefly describe **two** theories of leadership.	**6**
	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.*	
(c)	Describe **one** study of leader-worker interaction.	**3**
	Most likely: **Dansereau** et. al. (1975) whose *leader-member exchange model* suggests that it is the quality of interaction between leaders and group members that is important. This model has received much acclaim due to the success it has achieved when applied to real life situations. E.g. **Scandura and Graen** (1984) found that following a training programme, where the aim was to improve the quality of leader-member relationships, both group productivity and satisfaction increased significantly.	

18 (a)	Explain, in your own words, what is meant by 'organisational work conditions'.	**2**
	Typically: any logical comment referring to the conditions of the working environment.	
(b)	Briefly describe **one** physical and **one** psychological condition of a work environment.	**6**
	PHYSICAL can include: Illumination, temperature, noise, motion (vibration), pollution, aesthetic factors (e.g. music and/or colour). Can also include workspace/office layout **PSYCHOLOGICAL** can include: Feelings of privacy or crowding, excessive or absence of social interaction, sense of status or importance/anonymity or unimportance, feelings of job satisfaction or alienation. Any other appropriate work condition acceptable.	
(c)	Describe **one** way in which the negative effects of work environments could be reduced.	**3**
	Most likely: by changing working week from one of above to more desirable alternative.	

Section B

19 (a)	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. Candidates may well begin with a definition of communication and what it involves: sender, message and receiver (e.g. 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 and disadvantages. Another set of factors are: • 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 (e.g. Leavitt's (1951) centralised and de-centralised.	
(b)	Evaluate what psychologists have found out about interpersonal communication in organisations.	**10**
	NOTE: any evaluative point can receive credit; the hints are for guidance only. • 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.	
(c)	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.	

20 (a)	Describe what psychologists have found out about group behaviour in organisations.	**8**
	Wide question in that candidates can legitimately focus on one or more of: **Group processes** such as cohesiveness, co-operation, competition; **Group decision-making** **Group error** such as groupthink and group polarisation. **Team roles and team building**	
(b)	Evaluate what psychologists have found out about group behaviour in organisations.	**10**
	NOTE: any evaluative point can receive credit; the hints are for guidance only. • issues concerning generalisability; • the measures used to gain data; • individual differences in types of groups; • the usefulness of studying group processes.	
(c)	Using your psychological knowledge, suggest 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.	

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