

**CAMBRIDGE INTERNATIONAL EXAMINATIONS**

**GCE Advanced Level**

## **MARK SCHEME for the October/November 2013 series**

### **9698 PSYCHOLOGY**

**9698/32**

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 2013 series for most IGCSE, GCE Advanced Level and Advanced Subsidiary Level components and some Ordinary Level components.

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**SECTION A**

<b>Q</b>	<b>Description</b>	<b>Marks</b>
<b>(a)</b>	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>(b)</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

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**SECTION B**

<b>Q</b>	<b>Description</b>	<b>Marks</b>
<b>(a)</b>	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

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<b>(b)</b>	No answer or incorrect answer.	0
	<p>Evaluation (positive and negative points) is <b>basic</b>.  Range of points is sparse and may be only positive or negative.  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.  There is no mention of the issue stated in the question.</p>	1–3
	<p>Evaluation (positive and negative points) is <b>limited</b>.  Range of points is limited. Points hint at issues/debates, methods or approaches.  Poor use of supporting examples.  Analysis (key points and valid generalisations) is sparse.  Evaluation is lacking in detail and understanding is sparse.  The issue stated in the question is addressed according to mark scheme requirements for this band.  If the issue stated in the question is <b>not</b> addressed, maximum 6 marks.</p>	4–6
	<p>Evaluation (positive and negative points) is <b>good</b>.  Range of issues/debates, methods or approaches is good and is balanced with some organisation.  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.  The issue stated in the question is addressed according to mark scheme requirements for this band.</p>	7–9
	<p>Evaluation (positive and negative points) is <b>comprehensive</b>.  Selection and range of issues/debates, methods or approaches 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.  The issue stated in the question is addressed according to mark scheme requirements for this band.</p>	10–12

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**SECTION C**

<b>Q</b>	<b>Description</b>	<b>Marks</b>
<b>(a)</b>	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>(b)</b>	No answer or incorrect answer.	0
	Suggestion is mainly inappropriate to the question and vaguely based on psychological knowledge. Description of explanation is mainly inaccurate, lacks coherence and lacks detail. Understanding is poor.	1–2
	Suggestion is largely appropriate to the question and based largely on psychological knowledge. Description of explanation is often accurate, generally coherent but lacks detail. Understanding is limited.	3–4
	Suggestion is appropriate to the question and based on psychological knowledge. Description of explanation is mainly accurate, coherent and reasonably detailed. Understanding is good.	5–6
	Suggestion is appropriate to the question and based explicitly on psychological knowledge. Description of explanation is accurate, coherent and detailed. Understanding is very good.	7–8

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## PSYCHOLOGY AND EDUCATION

### Section A

- 1 (a) Explain, in your own words, what is meant by ‘strategies for educating children with special educational need’. [2]

**Typically:** A special educational need is: where a child has a significantly greater difficulty in learning than most children of the same age; or a child has a disability that needs different educational facilities from those that schools generally provide. It could also refer to educational ability of those who are statistically not normal being at the bottom end of the normal distribution curve. A strategy is a plan or policy to educate children whose needs are different.

- (b) Describe two ways in which children with learning difficulties or disabilities can be educated. [4]

#### Syllabus:

**strategies for educating children with special needs** integration versus segregation; for gifted: acceleration or enrichment (e.g. Renzulli, 1977). Dyslexia (e.g. Selikowitz, 1998).

#### Expansion:

**segregation:** children with difficulties and disabilities are selected for particular schools that will give them training and help specific to their particular needs. This special help may be a big advantage but it does segregate the child from mainstream and could lead to isolation.

**integration:** rather than segregate, children are given help within a mainstream school. This could be specific or additional classes (perhaps given by a special educational needs co-ordinator or by some other expert/specialist. The child remains in the mainstream school and so isn't ‘different’ from other children.

**Specialist training:** candidates may refer to specific techniques to help dyslexia, dyscalculia, and similar disabilities. Also Braille to help blind children or larger writing to help partially sighted.

**Marks:** 1 mark basic/vague (such as ‘use colour; pictures’); 2 marks detail/understanding. No marks for giftedness.

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### Section B

- 2 (a) Describe what psychologists have found out about disruptive behaviour in schools. [8]

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

**types, explanations and effects of disruptive behaviours** Types: conduct (e.g. distracting, attention-seeking, calling out, out-of-seat); immaturity and verbal and physical aggression (bullying), attention deficit hyperactivity disorder. Explanations and effects for one or more of above types. Poor teaching style.

**causes and effects of one disruptive behaviour** Any disruptive behaviour (e.g. one from above) but not attention deficit hyperactivity disorder.

**corrective and preventive strategies** Preventive: effective preventive discipline (Cotton, 1990); effective classroom management behaviour (Kounin, 1990). Corrective: behaviour modification techniques (Presland, 1990); cognitive behaviour modification e.g. self-instructional training (Meichenbaum, 1971).

- (b) “If it works with one child then it will work with them all.” Evaluate what psychologists have found out about disruptive behaviour in schools and include a discussion about the reductionist nature of behaviour modification techniques. [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: reductionism. This is the view that complex behaviour can be explained by simple principles; that we can break something down into its component parts. In this instance reductionism must be related to behaviour modification techniques which may be preventive or corrective for example.

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### Section C

3 You and your friend are arguing over who has the more effective teacher of psychology because they use different teaching styles. As you are a psychology student you decide to design an experiment to find out.

(a) Suggest how you would use the experimental method to investigate which teacher has the more effective teaching style. [8]

**General:** In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

**Specific:** Candidates must use an experiment (laboratory or field), and inclusion of IV and DV, controls, setting and design, task to be completed and sample are essential features.

(b) Outline two different teaching styles. [6]

#### 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)

#### Expansion:

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 and feelings) styles. Evidence exists for each approach.

Bennett (1976) found progress in three 'R's better in primary school using formal approach.

Haddon and Lytton (1968) found creativity better when informal approach used.

Based on the work of Lewin et al, Baumrind (1972) outlines three styles: authoritarian, authoritative (i.e. democratic) and laissez-faire. Baumrind believes the authoritative style is most effective.

**NB:** credit any teaching style such as humanist, cognitivist, etc.

**Marks:** 1 mark basic; 3 marks for increasing detail/understanding ×2.



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4 According to Vygotsky the role of the teacher is to provide support that is just beyond the level a child can achieve alone.

(a) Use Vygotsky’s theory to suggest how a teacher could improve the teaching of science to young children. [8]

**General:** In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the ‘you’ is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

**Specific:** Candidates are free to choose any strategy/technique they wish but it must be based on the work of Vygotsky and it must be applied to a science lesson for young children. The zone of proximal development (Vygotsky) is where a teacher provides the appropriate assistance to a pupil to support or ‘boost’ them to achieve the task. Z of PD is often known as ‘scaffolding’. This means that the teacher ‘supports’ the pupil allowing the next level of development to be ‘built’.

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

**Syllabus:**

**cognitive applications to learning** underlying theory (e.g. Piaget) applications such as discovery learning (Bruner); expository teaching/reception learning (Ausubel); zone of proximal development (Vygotsky)

**Expansion:**

Scaffolding originates from Vygotsky’s sociocultural theory and his concept of the *zone of proximal development*. “The zone of proximal development, according to Raymond (2000), is the distance between what children can do by themselves and the next learning that they can be helped to achieve with competent assistance”. The role of the teacher is to be providing support that is just beyond the level of what the child can do alone.

**Marks:** 0–6 marks for increasing detail/understanding.

**NB** candidates can be credited for writing about the cognitive perspective, but no credit for behaviourist or humanist.

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## PSYCHOLOGY AND HEALTH

### Section A

- 5 (a) Describe what is meant by 'biofeedback' to manage stress. [2]

**Typically:** biofeedback is a technique that trains people to improve their health by controlling bodily processes such as heart rate, blood pressure, muscle tension, and skin temperature.

**Marks:** 1 mark basic; 2 marks detail/understanding. Answer must include biofeedback and stress for 2 marks.

- (b) Describe one study that has used biofeedback to manage stress. [4]

**Syllabus:**

**management of stress** Medical techniques (e.g. chemical). Psychological techniques: biofeedback (e.g. Budzynski et al, 1973) and imagery (e.g. Bridge, 1988). Preventing stress (e.g. Meichenbaum, 1985).

**Most likely:**

Budzynski et al (1973) Abstract: "A significant reduction in muscle contraction headache activity was observed in patients trained in the relaxation of the forehead musculature through EMG biofeedback. Training consisted of 16 semiweekly 20 min. EMG feedback sessions augmented by daily home practice. A pseudofeedback control group and a no-treatment control group failed to show significant reductions. A three-month follow-up questionnaire revealed a greatly decreased medication usage in the experimental group."

**Marks:** 1 mark basic increasing to 4 marks detail/understanding.

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### Section B

**6 (a) Describe what psychologists have learned about the doctor-patient relationship. [8]**

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

**practitioner and patient interpersonal skills** Non-verbal communications (e.g. McKinstry and Wang); Verbal communications (e.g. McKinlay, 1975; Ley, 1988).

**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).

**mis-using health services** Delay in seeking treatment (e.g. Safer, 1979). Misuse: hypochondriasis (e.g. Barlow and Durand, 1995), Munchausen syndrome (e.g. Aleem and Ajarim, 1995).

**(b) “So have you taken all your pills or not?” Evaluate what psychologists have learned about the doctor-patient relationship and include a discussion about the usefulness of self report measures. [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: self reports. A self report can be a questionnaire, interview or a subjective verbal response to a question. Adherence has been measured using both these and so candidates should consider the strengths and weaknesses of either or both forms of self report debating the usefulness in relation to adherence.

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### Section C

7 According to Ley (1988) adherence to medical requests can be improved by changing a number of things that a practitioner does.

(a) Outline three things a practitioner could do to improve adherence to medical requests. [6]

**Syllabus:**

**improving adherence** Improve practitioner style (e.g. Ley, 1988), provide information (e.g. Lewin, 1992), behavioural techniques (e.g. Burke et al, 1997).

**Expansion:**

emphasising key information by stating why it is important and stating it early in the interaction. Recall did not improve with repetition. Patients remembered more if they already had some medical knowledge;  
 patients remember information which has been categorised.  
 simplifying instructions and using clear and straightforward language;  
 using specific statements "you should.....";  
 using written instructions.

**Marks:** 1 mark basic; 2 marks detail/understanding ×3

(b) Suggest how you would assess the long-term effectiveness of any changes a practitioner may make. [8]

**General:** In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

**Specific:** Candidates are free to choose any method they wish and as usual, methodological knowledge and knowledge about the topic area (in this case adherence) should be evident. Credit should only be given if the suggestion is explicitly related to 'long-term effectiveness'.

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8 Some people say they are too busy with modern life to cook and eat healthy food, so they eat what is called 'junk' or 'fast' food. Your task is to get as many people as you can in a community to eat less junk food and to cook and eat more healthily.

(a) Suggest how you would conduct a community health promotion programme designed to encourage people to cook healthy food. [8]

**General:** In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

**Specific:** Candidates are free to choose any technique they wish and as usual, methodological knowledge and knowledge about the topic area (in this case health promotion) should be evident.

(b) Describe a community health promotion programme that was successful. [6]

**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:**

the three community study (Farquhar et al, 1977) 42 000 people.  
 Minnesota heart health programme (Blackburn et al, 1984) 350 000 people.  
 Pawtucket heart health project (Lasater et al, 1984) 170 000 people.  
 Pennsylvania county health improvement program (Stunkard et al, 1985), 220 000.  
 Stanford five city project (Farquhar et al, 1984) 359 000 people.

**Marks:** 0–6 marks for increasing detail/understanding of **one** programme.

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## PSYCHOLOGY AND ENVIRONMENT

### Section A

- 9 (a) Explain, in your own words, what is meant by ‘social density’. [2]

**Typically:** social density is the physical number of people in a given amount of space. Spatial density (room space) remains constant and number of people may be more or less.

**Marks:** 1 mark basic; 2 marks detail/understanding. No marks for crowding.

- (b) Describe one laboratory study of crowding and density. [4]

#### Syllabus:

**definitions, measurements and animal studies:** Social and spatial density; crowding. Animal studies (e.g. Dubos, 1965 lemmings; Christian, 1960 deer; Calhoun, 1962 rats).

**effects on human health, pro-social behaviour and performance:** Pro-social behaviour (e.g. Dukes and Jorgenson, 1976; Bickman et al, 1973) Health (e.g. Lundberg, 1976). Performance e.g. Mackintosh, 1975).

#### Most likely:

Most studies of crowding and density are performed in real life settings.

(a) **animal studies** Calhoun (1962) rats. No marks for Christian et al or Dubos.

(b) **human studies:** Aiello et al (1975b) found impaired task performance. 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.

**Marks:** 1 mark basic increasing to 4 marks detail/understanding.

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### Section B

**10 (a) Describe what psychologists have learned about personal space and territory. [8]**

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

**definitions, types and measures:** Defining space (e.g. Hall, 1966) and territory (e.g. Altman, 1975). Alpha space and beta space. Measuring space: simulation (e.g. Little, 1968); stop-distance; space invasions (see below).

**Invading space and territory:** Invasions (e.g. Middlemist et al, 1976; Fisher and Byrne, 1975; Brodsky et al, 1999).

**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).

**(b) “Stop right there. Let me measure.” Evaluate what psychologists have learned about personal space and territory, including a discussion about different methods used to gather 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: methods. Personal space has been studied using various methods (e.g. simulation, stop-distance, CIDS (comfortable interpersonal distance) actual invasion), so discussion is likely to consider these alternatives.

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### Section C

11 It is suggested that we always behave in the same way in similar situations because we have a 'script' of how we (and everyone else) behave in such situations. If the situation we are in becomes an emergency it is suggested that we will still follow the script for that situation rather than consider alternative ways to escape.

(a) Suggest how you could investigate whether people behave according to a script in an emergency situation. [8]

**General:** In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

**Specific:** Candidates are free to choose any technique they wish and as usual, methodological knowledge and knowledge about the topic area (in this case scripts) should be evident.

(b) Describe evidence on scripts. [6]

**Syllabus:**

**behaviours during events, and methodology:** Contagion (Le Bon, 1895); scripts (Shank and Abelson, 1977). Laboratory experiments (e.g. Mintz, 1951), simulations and real life examples.

**Most likely:**

**Schank and Abelson (1977)** outline *script schemata* – people have a mental program of how they and others are likely to behave in a particular situation. The script is the logical sequence of events we follow. For example, how do we behave when alighting from an aircraft or leaving an underground train or attending a football match.

**Donald and Canter (1992)** looked at how people followed a script of leaving a railway station during a fire.

**Marks:** 0–6 marks for increasing detail/understanding.



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12 Oscar Newman outlined two features of housing design and used them in his successful designs.

(a) Suggest how you would determine whether a housing design was successful or not. [8]

**General:** In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

**Specific:** Candidates are free to choose any technique they wish and as usual, methodological knowledge and knowledge about the topic area (in this case housing design) should be evident.

(b) Describe the two features of successful housing design as used by Newman. [6]

**Syllabus:**

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

**Most likely:**

- (1) **zone of territorial influence** – an area which appears to belong to someone.
- (2) **opportunities for surveillance** – if it can be seen by occupants, then no vandalism.

**Marks:** 0–3 marks for increasing detail/understanding ×2

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## PSYCHOLOGY AND ABNORMALITY

### Section A

- 13 (a) Explain, in your own words, what is meant by 'psychoanalytic explanation of phobias'. [2]

**Typically:** The psychoanalytic theory of phobias is that phobias are the product of unresolved conflicts between the id and the superego. Psychoanalysts believe that the conflict originates in childhood, and is either repressed or displaced onto the feared object. The object of the phobia is never the original source of the anxiety as in the case of little Hans.

**Marks:** 1 mark basic; 2 marks detail/understanding. 1 mark for 'phobia' and 1 mark for 'psychoanalytic explanation'.

- (b) Using an example, describe the psychoanalytic explanation of phobias. [4]

**Syllabus:**

**explanations of phobias:** Behavioural (classical conditioning, e.g. Watson, 1920); Psychoanalytic (Freud, 1909); biomedical/genetic (e.g. Ost, 1992); cognitive (e.g. DiNardo et al, 1988)

**Most likely:**

Expansion here of 'typically' in part (a). Example is most likely to be that of Little Hans who displaced his fear of his father onto horses.

**Marks:** 1 mark basic increasing to 4 marks detail/understanding.

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### Section B

**14 (a) Describe what psychologists have discovered about obsessions and compulsions. [8]**

Candidates are likely to include some of the following details from the 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.

**explanations of obsessive/compulsive disorder:** Biomedical; cognitive-behavioural; psychodynamic.

**treatments for obsessive/compulsive disorder:** Drug therapy; cognitive-behaviour therapy; psychoanalytic therapy.

**(b) “There are OCI, RAS and RIQ in addition to the Maudsley OCD Inventory.” Evaluate what psychologists have discovered about obsessions and compulsions, and include a discussion of the use of psychometric tests in the assessment of OCD. [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: psychometrics. Psychometrics is the ‘measure of the mind’ and so this involves measures such as OCI (Obsessive-Compulsive Inventory), RAS (Responsibility Attitude Scale) RIQ (Responsibility Interpretation Questionnaire), YBOCS (Yale Brown Obsessive-Compulsive Scale) or any other. These tests are standardised and are reliable and valid.

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### Section C

**15 You have invented a new drug to treat depression and you need to test it on volunteers before it is given to the general public.**

**(a) Suggest how you would test whether the drug is safe to give to the general public. [8]**

**General:** In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

**Specific:** Candidates are free to choose any technique they wish and as usual, methodological knowledge and knowledge about the topic area (in this case drug testing) should be evident.

**(b) Describe the 'neurochemical explanation of depression'. [6]**

**Syllabus:**

**explanations of depression:** Biological: genetic and neurochemical; cognitive: Beck's cognitive theory; learned helplessness/attributional style (Seligman, 1979)

**Most likely:**

Biochemical: In 1965 Schildkraut published the catecholamine hypothesis of affective disorders where the chemical imbalance hypothesis for mental health disorders, especially for depression, was outlined.

monoamine hypothesis: depression arises when low serotonin levels promote low levels of norepinephrine.

**Marks:** 0–6 marks for increasing detail/understanding.

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16 You are head of the fire service and you think that a number of fires have been started deliberately by the same person, perhaps a pyromaniac. You want to catch the person starting a fire, so you decide to do an observation.

(a) Suggest how you would use the observation method to obtain data on a pyromaniac. [8]

**General:** In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

**Specific:** Candidates must use observation, so inclusion of the type (controlled, natural, participant, etc.), coding/response categories and sampling type (event, time, etc.) and whether or not there are two or more observers are essential features.

(b) Describe the characteristics of an impulse control disorder such as 'pyromania'. [6]

**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

**Expansion:**

**Pyromania** is an impulse control disorder where a person has to deliberately start fires (to watch the fire or emergency services) to gain euphoria or relieve tension and typically includes feelings of gratification or relief afterward.

Characteristics of pyromania according to DSM: more than one fire has to be set deliberately; before setting the fire, the person must have felt some feelings of tension or arousal, must show that attraction to fire, must feel a sense of relief or satisfaction from setting the fire and witnessing it, does not have other motives for setting the fire.

**Marks:** 0–6 marks for increasing detail/understanding.

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## PSYCHOLOGY AND ORGANISATIONS

### Section A

17 (a) Explain, in your own words, what is meant by ‘personnel selection decisions’. [2]

**Typically:** personnel selection is selecting the most appropriate person for the job and this is of critical importance to all organisations. However making the right decision and choosing the best person is complex and decisions need to be made.

**Marks:** 1 mark basic; 2 marks detail/understanding.

(b) Describe two multiple decision-making models. [4]

**Syllabus:**

**Personnel selection decisions and job analysis:** The selection of personnel: decision-making (e.g. multiple regression, multiple hurdle and multiple cut-off models). Biases in selection decisions and equal opportunities. Job descriptions and specifications. Job analysis techniques (e.g. FJA and PAQ).

**Expansion:**

1. **multiple regression model:** combines each factor statistically;
2. **multiple cut-off model:** applicants must obtain a minimum score on each factor to be successful;
3. **multiple hurdle model:** decisions made at various stages (e.g. end of day 1 if interview is two day) or even short-listing for interview.

**Marks:** 1 mark basic; 2 marks detail/understanding for each model.

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### Section B

- 18 (a) Describe what psychologists have found out about motivation to work. [8]

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

**Need theories of motivation:** Need theories: Needs-hierarchy (Maslow, 1970), ERG theory (Aldefer, 1972), achievement motivation (McClelland, 1965).

**Motivation and goal-setting:** Theories: goal setting theory (Latham and Locke, 1984), setting effective goals. Cognitive/rational theories: VIE (expectancy) theory (Vroom, 1964). Managerial applications of expectancy theory.

**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.

- (b) “One word of praise is priceless.” Evaluate what psychologists have found out about motivation to work and include a discussion about the extent to which psychological theories of motivation consider 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. In this instance candidates may consider individual differences in relation to work such as intrinsic and extrinsic motivation, satisfying needs, etc.

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### Section C

19 It is sometimes said “Leaders are born, not made”.

(a) Suggest how you would investigate whether leadership is inherited. [8]

**General:** In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the ‘you’ is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

**Specific:** Candidates are free to choose any method they wish and as usual, methodological knowledge and knowledge about the topic area (in this case the inheritance or learning of leadership) should be evident. As the question stem states ‘leaders are born not made’...so investigate this.

(b) Describe two universalist theories of leadership. [6]

**Syllabus:**

**Theories of leadership:** Universalist: great person theory, charismatic and transformational leaders. Behavioural: Ohio state studies (initiating structure and consideration), University of Michigan studies (task and relationship oriented behaviours).

**Most likely:**

Many theories to choose from:

1. **Universalist theories** of leadership: [1] The *great man theory* (Wood, 1913) [2] McGregor (1960) *Theory X and Theory Y*.

2. **Charismatic** (or transformational) leaders have the determination, energy, confidence and ability to inspire followers.

**Marks:** 0–3 marks for increasing detail/understanding ×2. No marks for behavioural theories.



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20 Measures of job satisfaction are often reductionist because they use rating scale questionnaires so each worker typically ends up with a single number score. People are more than just a number!

- (a) Suggest how you could find out about job satisfaction in a more holistic way than using the reductionist approach of rating scale questionnaires. [8]

**General:** In this question part each candidate is free to suggest a way in which the assessment request could be investigated; the 'you' is emphasised to show that in this question it is not *description* that is being assessed, but an individual *suggestion*. The question may be in the form of a suggestion for research, or an application. The question may allow a candidate a free choice of method to design their own study. It might be that a specific method is named in the question, and if it is this method must be addressed. Each answer should be considered individually as it applies to the mark scheme. Marks are awarded for methodological knowledge and how the methodology is applied to this topic area.

**Specific:** Candidates are free to use any method as long as it does not involve rating scales. Logically candidates will choose an open-ended questionnaire or an interview. Experiments are acceptable but this must be justified to show explicitly how it is not reductionist.

- (b) Describe a measure of job satisfaction that might be considered reductionist. [6]

**Syllabus:**

**Measuring job satisfaction:** Rating scales and questionnaires: e.g. job description index, Minnesota satisfaction questionnaire. Critical incidents: e.g. critical incidents technique. Interviews.

**Most likely:**

**Job Descriptive Index (JDI).** Smith, Kendall and Hulin (1969). This measures five aspects of satisfaction: pay, promotions and promotion opportunities, co-workers, supervision, and the work itself. Participants answer either yes, no, or can't decide in response to whether given statements accurately describe their job.

The **Minnesota Satisfaction Questionnaire (MSQ)** measures 20 aspects using 100 questions.

**Marks:** 0–6 marks for increasing detail/understanding.