

MARK SCHEME for the June 2004 question papers

9698 PSYCHOLOGY

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

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

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

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

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

CIE is publishing the mark schemes for the June 2004 question papers for most IGCSE and GCE Advanced Level syllabuses.



Grade thresholds taken for Syllabus 9698 (Psychology) in the June 2004 examination.

| | maximum mark available | minimum mark required for grade: | | |
|-------------|------------------------|----------------------------------|----|----|
| | | A | B | E |
| Component 1 | 100 | 72 | 61 | 37 |
| Component 2 | 50 | 41 | 36 | 22 |
| Component 3 | 70 | 50 | 44 | 31 |

The thresholds (minimum marks) for Grades C and D are normally set by dividing the mark range between the B and the E thresholds into three. For example, if the difference between the B and the E threshold is 24 marks, the C threshold is set 8 marks below the B threshold and the D threshold is set another 8 marks down. If dividing the interval by three results in a fraction of a mark, then the threshold is normally rounded down.

JUNE 2004

GCE A AND AS LEVEL

MARK SCHEME

MAXIMUM MARK: 100

SYLLABUS/COMPONENT: 9698/01

**PSYCHOLOGY
Core Studies 1**

| | | | |
|--------|------------------------|----------|-------|
| Page 1 | Mark Scheme | Syllabus | Paper |
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SECTION A

| Question | Description | Mark | Max |
|----------|--|------|-----|
| Q1a | In the second study by Loftus and Palmer participants were given the question: 'How fast were the cars going when they smashed into each other?'. One week later, participants were asked 'Did you see any broken glass?' How did participants answer this question? | | |
| | Participants (16) in this group saw broken glass that did not exist; 1 mark partial, 2 marks full. | 2 | |
| Q1b | Why did the participants answer in this way? | | |
| | The word smashed suggested broken glass to them. 1 mark partial, 2 marks full. | 2 | 4 |
| Q2a | In one study reported by Deregowski, the participants were shown the following drawing: (of two connected squares) What was the difference between the two-dimensional perceivers and the three-dimensional perceivers in the way the object was constructed? | | |
| | 2D perceivers constructed the cube but lay it flat, representing 2 dimensions, 3D perceivers constructed it 'upright' in 3D. 1 mark partial, 2 marks full. | 2 | |
| Q2b | Give an explanation for this difference. | | |
| | 2D perceivers perceive 2D so built the object in 2D. 3D perceivers perceive in 3D so built the object in 3D. | 2 | 4 |
| Q3 | There is some discussion about the study by Gardner and Gardner on Washoe concerning whether Washoe learned language or whether she just learned to imitate gestures. Give two pieces of evidence from the study that suggest Washoe did not learn language. | | |
| | Most likely answers: Washoe had arbitrariness and semanticity. However, less convincing and why it is suggested Washoe did not have language, are problems with: displacement, spontaneous usage, turn-taking and structure dependence. 1 mark partial, 2 marks full. | 2+2 | 4 |
| Q4a | Some findings of the study by Samuel and Bryant support the work of Piaget, yet others do not. Give one piece of evidence that challenges Piaget. | | |
| | Most likely answer: Children performed better when only asked one question; children of 5 years of age could converse. | 2 | |
| Q4b | Give one piece of evidence that supports Piaget. | | |
| | Most likely answer: children make fewer errors as they develop. 1 mark partial, 2 marks full. | 2 | 4 |
| Q5a | In the study by Bandura, Ross and Ross on the imitation of aggression, the research observed imitative aggression (copying the behaviour of the model) and non-imitative aggression. Give one example of imitative aggression. | | |
| | Any one from: imitative physical: e.g. hitting with mallet, punches bobo, sits on bobo, kicks bobo, throws bobo in air. Or imitative verbal aggression: sock him, hit him down, kick him, throw him in the air, pow. 1 mark partial, 2 marks full. | 2 | |

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| Q5b | Give one example of non-imitative aggression. | | |
| | Any aggressive act, either physical or verbal, that was not performed by the model e.g. aggressive gun play. 1 mark partial, 2 marks full. | 2 | 4 |
| Q6 | From the study by Hodges and Tizard on social relationships, describe two ways in which the data was gathered. | | |
| | Any two from: interview (with adolescent); interview (with mother); self report questionnaire (adolescent); questionnaire (teacher); Rutter 'B' scale (with adolescent). 1 mark partial, 2 marks full. | 2+2 | 4 |
| Q7 | In the article by Freud on little Hans, Freud begins by writing that his approach does not have any scientific value. Give two reasons why you think Freud's work does not have any scientific value. | | |
| | Most likely: first: Hans was not normal and so can't generalise; second: father was biased with Freud's views. Also: child is suggestible; Hans 'had to be told many things he could not say himself'. Any other point related to lack of objectivity acceptable. 1 mark partial, 2 marks full. | 2+2 | 4 |
| Q8 | All studies in psychology involve ethical issues. Outline two ways in which participants were deceived in the study by Schachter and Singer on emotion. | | |
| | Many to choose from; most likely: Adrenaline/epinephrine introduced as suproxin, a vitamin supplement; some participants given placebo; some participants told incorrect effects of adrenaline; existence of stooge. 1 mark partial, 2 marks full. | 2+2 | 4 |
| Q9 | The study by Dement and Kleitman on sleep and dreaming looked at a number of different relationships between eye movements and dreaming. Briefly describe two of the relationships that were investigated. | | |
| | Any two from: the occurrence of rapid eye movements (REM) and dream recall; the length of REM and the subjective dream-duration estimate; specific eye-movements and visual imagery of the dream. 1 mark partial, 2 marks full. | 2+2 | 4 |
| Q10a | In the study by Milgram on obedience to authority, of the forty participants fourteen stopped at 300 volts or before, whilst twenty-six participants continued to 450 volts. Give one reason why some participants continued to 450 volts. | | |
| | Most likely: pressure of situation (lab, university; received payment), of experimenter (scientist, authority figure, giving prods). 1 mark partial, 2 marks full. | 2 | |
| Q10b | Give one reason why some participants stopped before 450 volts | | |
| | Most likely: moral conflict too strong, despite pressures e.g. ingrained tendency not to harm other people. 1 mark partial, 2 marks full. | 2 | 4 |

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| Q11 | In the study by Haney, Banks and Zimbardo the participants went through an induction procedure. Describe two features of the induction procedure that were true to real life. | | |
| | Most likely: arrested at home by 'real' police; charged with suspicion of burglary/armed robbery and read rights; were handcuffed and searched; were driven off in police car. On arrival: stripped, given uniform and number. 1 mark partial, 2 marks full for each. | 2+2 | 4 |
| Q12a | From the Piliavin, Rodin and Piliavin study on subway samaritans: Outline one independent variable that was manipulated by the experimenters. | | |
| | IV's: type of victim (drunk or ill) and race of victim (black or white) 1 mark partial, 2 marks full. | 2 | |
| Q12b | Outline one measurement of behaviour (dependent variable) that was recorded by the observers. | | |
| | DV's: speed of responding; frequency of responding; race of helper. 1 mark partial, 2 marks full. | 2 | 4 |
| Q13a | In the study by Tajfel on intergroup discrimination, outline one key feature of ethnocentrism. | | |
| | Most likely: negative attitudes and behaviour toward the outgroup AND positive attitudes and behaviour toward the ingroup i.e. ingroup favouritism and outgroup discrimination. More generally it is being unable to conceptualise the world from any other viewpoint than one's own culture or social group. The belief that this group is superior to all others. 1 mark partial, 2 marks full. | 2 | |
| Q13b | According to Tajfel, what are the minimum conditions for creating ethnocentrism? | | |
| | Categorisation of people into two or more groups on the basis of anything. 1 mark partial 2 marks full. | 2 | 4 |
| Q14a | From the study by Hrabka and Grant on doll choice: What were Hrabka and Grant trying to measure in this study? | | |
| | Most likely: racial preference and identification. Ethnic identity also fine. 1 mark for naming, 2 marks for explanation. | 2 | |
| Q14b | How did they measure it? | | |
| | Most likely: racial preference measured by choice of which colour doll they would like to play with. Racial identification measured by Ethnic identity measured by asking which doll looks like you. 1 mark naming of measure 'e.g. doll choice' 2 marks for specific question asked. | 2 | 4 |
| Q15 | In the study by Rosenhan most of the patients were admitted to hospital with the incorrect diagnosis of 'schizophrenia'. Give two possible explanations why the hospitals made these mistakes. | | |
| | Most likely: can't tell sane from insane; type 2 error (diagnostic caution) better than type 1 error (diagnostic suicide); context in which behaviour observed (claim of hear voices & making appointment is not normal) 1 mark partial, 2 marks full. | 2+2 | 4 |

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Partial / full answer

| | |
|---------|--|
| 0 marks | no answer or incorrect answer |
| 1 mark | partially correct answer or correct but incomplete lacking sufficient detail or explanation to demonstrate clear understanding |
| 2 marks | correct answer with sufficient detail/explanation to demonstrate clear understanding |

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SECTION B QUESTION 16

| Q | Description | marks |
|------|---|-------|
| Q16 | Psychological research is often carried out in laboratories using specialised apparatus and complex recording devices. Such equipment may produce very precise, detailed and accurate data. | |
| | Dement and Kleitman (sleep and dreaming) Raine, Buchsbaum and LaCasse (brain scans) Sperry (split brain) | |
| Q16a | Describe the way in which the equipment was used to collect data in your chosen study. | |
| | Dement: electrodes attached to eye lids, wired to EEG. Raine: use of PET brain scanner; injections into blood as trace marker Sperry: use of equipment to present image to LVF/RVF; table with screen which hides hands. | |
| | No answer or incorrect answer. | 0 |
| | Anecdotal evidence, general statements, minimal detail, minimal focus. | 1-3 |
| | Attempt to outline some of main findings though with omission of detail or lack of clarity (comment with some comprehension). | 4-6 |
| | Main findings identified and described in good detail. Outline is clear, focused and well expressed. Good selection of findings. | 7-10 |
| | max mark | 10 |
| Q16b | Outline the main findings of your chosen study. | |
| | Dement: 152 p's report dream from REM, 39 do not; 11 dream in NREM, 149 no dream from NREM Also significant correlations between REM duration and number of words in dream narrative. Also 45 of those woken after 5 mins said 5 mins but 6 said 15 mins; 47 woken after 15 mins said 15 mins, 13 said 5 mins. >> tables, graphs & stats. Raine: NGR1 less activity in prefrontal and parietal areas, more in occipital, no difference in temporal. Less activity in corpus callosum. Less activity on left but more on right in amygdala and hippocampus compared to controls. Thalamus – more activity on right, no difference on left. Sperry: lots of results. Main: those presented with image to one half of visual field could only recognise it if it was presented to same visual field. If presented to opposite, p's respond as if it has never been seen. | |
| | No answer or incorrect answer. | 0 |
| | Anecdotal description of generalisations, brief detail, minimal focus. | 1-3 |
| | Appropriate generalisations identified, description shows some understanding. Some detail and expansion of generalisations. | 4-6 |
| | Appropriate generalisations identified. Description is clear, has good understanding, is focused and well expressed. Good detail, each generalisation explained fully. | 7-10 |
| | max mark | 10 |

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| Q16c | What are the advantages and disadvantages of using this equipment in your chosen study? | | |
| | Adv - allows precise and accurate measurements not otherwise possible. Adv - allows quantitative data and so replication, comparison. Adv - recordings are reliable. Disadv - equipment may be imprecise and give false readings. Disadv - equipment will reduce ecological validity - must be done in lab. Disadv - cannot assume cause and effect. | | |
| | No answer or incorrect answer. | 0 | |
| | Anecdotal description, brief detail, minimal focus. Very limited range. Description may be inaccurate, incomplete or muddled. | 1-3 | |
| | Advantages or disadvantages only which are focused on question. For 4 marks as for 6-7 mark band. For 5 marks as for 8-10 mark band. | 4-5 | |
| | Several advantages and disadvantages which are focused on question. Description is good with reasonable understanding. Some detail and expansion of key features. | 6-7 | |
| | Balance of advantages and disadvantages which are focused on question. Description is detailed with good understanding and clear expression. The arguments are well considered and reflect understanding which extends beyond the specific study. | 8-10 | |
| | max mark | | 10 |
| | Q16d | Suggest <u>one</u> way in which data could have been gathered for your chosen study without the use of this equipment and say how you think this might affect the results. | |
| No answer or incorrect answer. | | | |
| Anecdotal suggestion, brief detail, minimal reference to question. Description may be inaccurate, incomplete or muddled. | | | |
| Some appropriate suggestions which are focused on question. Description shows some understanding. Some detail and expansion of aspects allowing generalisation. | | | |
| Range of appropriate suggestions which are focused on question. Description is detailed with good understanding and clear expression. The changes are well considered and reflect understanding of the area in question. | | | |
| max mark | | 10 | |

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SECTION B QUESTION 17

| Q | Description | marks |
|------|---|-------|
| Q17 | Psychometric testing attempts to give some insight into human behaviour and experience through the use of reliable and standardised tests. | |
| | Baron-Cohen, Leslie and Frith (autism) Gould (IQ testing) Thigpen and Cleckley (multiple personality disorder) | |
| Q17a | Outline why a psychometric test was used in your chosen study. | |
| | Baron-Cohen: to determine the MA of all the children; to determine whether theory of mind is related to intelligence. Gould: use of army alpha & beta to determine 'suitability' for role in US army. Thigpen and Cleckley: to determine truth of eve white/black IQ test used. | |
| | No answer or incorrect answer. | 0 |
| | Anecdotal evidence, general statements, minimal detail, minimal focus. | 1-3 |
| | Attempt to outline some of main findings though with omission of detail or lack of clarity (comment with some comprehension). | 4-6 |
| | Main findings identified and described in good detail. Outline is clear, focused and well expressed. Good selection of findings. | 7-10 |
| | max mark | 10 |
| Q17b | Describe the main findings of your chosen study. | |
| | Baron-Cohen: theory of mind is not related to intelligence or age/development. Gould: claim that IQ was related to colour of skin. Thigpen and Cleckley: IQ's of 104 and 110 found. These are similar but also different. | |
| | No answer or incorrect answer. | 0 |
| | Anecdotal description of content, brief detail, minimal focus. | 1-3 |
| | Appropriate aspect identified, description shows some understanding. Some detail and expansion of content. | 4-6 |
| | Appropriate aspect identified. Description is clear, has good understanding, is focused and well expressed. Good detail, each aspect explained fully. | 7-10 |
| | max mark | 10 |
| Q17c | Using your chosen study as an example, what are the advantages and disadvantages of using psychometric tests in psychological studies? | |
| | Adv - use of standardised measure is more scientific/objective. Adv - allows comparisons to be made with others on normal distribution. Disadv- not all people are familiar with tests or test items. Scores improve with practice. Disadv – measure may not be valid. What does an intelligence test measure? | |
| | No answer or incorrect answer. | 0 |
| | Anecdotal description, brief detail, minimal focus. Very limited range. Description may be inaccurate, incomplete or muddled. | 1-3 |
| | Advantages or disadvantages only which are focused on question. For 4 marks as for 6-7 mark band. For 5 marks as for 8-10 mark band. | 4-5 |
| | Several advantages and disadvantages which are focused on question. Description is good with reasonable understanding. Some detail and expansion of key features. | 6-7 |
| | Balance of advantages and disadvantages which are focused on question. Description is detailed with good understanding and clear expression. The arguments are well considered and reflect understanding which extends beyond the specific study. | 8-10 |
| | max mark | 10 |

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|------|---|------|
| Q17d | Suggest an alternative way of gathering data for your chosen study and say what effect, if any, this would have on the results. | |
| | No answer or incorrect answer. | 0 |
| | Anecdotal suggestion, brief detail, minimal reference to question. Description may be inaccurate, incomplete or muddled. | 1-3 |
| | Some appropriate suggestions which are focused on question. Description shows some understanding. Some detail and expansion of aspects, with consideration of effect on results. | 4-6 |
| | Range of appropriate suggestions which are focused on question. Description is detailed with good understanding and clear expression. The changes are well considered and reflect understanding of the area in question. Consideration of effect on results as appropriate. | 7-10 |
| | max mark | 10 |

JUNE 2004

GCE A AND AS LEVEL

MARK SCHEME

MAXIMUM MARK: 50

SYLLABUS/COMPONENT: 9698/02

**PSYCHOLOGY
Core Studies 2**



| | | | |
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Section A

| Question | Description | Mark | Max |
|----------|--|------|-----|
| 1a | Full description of nature/nurture debate (does not need to relate to perception) i.e. ideas about whether behaviour is learnt or innate. | 2 | |
| 1b | Language barriers, cultural bias, etc. Any difficulty 1 mark plus example from study 2 marks. | 2 | 4 |
| 2a | Any two from: average MA of white adults was 13, grading of European immigrants, average score of black men was 10.4. 1 mark each. | 1+1 | |
| 2b | Questions based on American culture e.g. questions about food products, or the use of written tests which some illiterate recruits were unfamiliar with. 1 mark partially correct answer, 2 marks correct answer with sufficient detail. | 1+1 | 4 |
| 3 | Dolls don't think, demand characteristics, artificiality of experiment i.e. conducted by a strange experimenter away from children's normal environment. Lacks mundane realism i.e. test was strange and would not normally occur in daily life. Any two, 2 marks each with explanation. | 2+2 | 4 |
| 4a | Partial definition of reliability 1 mark, 2 marks for full definition i.e. the extent to which a study/procedure/findings are consistent. Depends largely on whether study can be replicated. | 2 | |
| 4b | Standardised procedure, large sample, structured procedure/measurement e.g. same prods/instructions/cover story used 2 marks with explanation. Also reference to numerous trials conducted, high number of participants displaying obedience. | 2 | 4 |
| 5a | Doll choice technique partial description 1 mark, full description of questions asked 2 marks. | 2 | |
| 5b | Society's attitudes influenced the children's racial preference supported by the difference in findings from the original study by Clarke and Clarke and the later study by Hraba and Grant. 2 marks for full explanation with reference to specific changes in findings. | 2 | 4 |

Partial/full answer

| | |
|---------|--|
| 0 marks | No answer or incorrect answer. |
| 1 mark | Partially correct answer or correct but incomplete lacking sufficient detail or explanation to demonstrate clear understanding. |
| 2 marks | Correct answer with sufficient detail/explanation to demonstrate clear understanding. |

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Section B

| Question | Description | Mark |
|----------|---|-----------|
| 6a | <p>Outline one way in which each of these studies was unethical. Haney, Banks and Zimbardo (prison simulation) Schachter and Singer (emotion) Bandura, Ross and Ross (aggression) Rosenhan (sane in insane places)</p> | |
| | <p><i>Emphasis on study. Answers must be related to named studies. One point from each study.</i></p> | |
| | <p>Indicative Content: guidelines broken: Zimbardo – deception, informed consent, withdrawal. Schachter and Singer – deception, physical harm from injection, stress, withdrawal, informed consent. Bandura – consent (children) stress, changes to behaviour, withdrawal. Rosenhan – damage to psychiatrists' careers, withdrawal, consent.</p> | |
| | <p>For each point up to a maximum of FOUR points</p> | |
| | For each point up to a maximum of four studies | |
| | No answer or incorrect answer. | 0 |
| | Identification of point relevant to question but not related to study or comment from study but no point about ethics. | 1 |
| | Description of point about ethics (comment without comprehension). | 2 |
| | As above but with analysis (comment with comprehension) of ethics. | 3 |
| | Max mark | 10 |
| 6b | <p>What problems may psychologists have when they try to conduct ethical research?</p> | |
| | <p><i>Emphasis on problem. Answers supported with named (or other) studies. Each problem does not need a different study; can use same study.</i></p> | |
| | <p>Indicative content: demand characteristics, children cannot give informed consent, payment reduces perception of ability to withdraw, not always opportunity to debrief, deception can induce stress, making participants aware of the hypothesis reduces validity.</p> | |
| | <p>For each point up to a maximum of FOUR points</p> | |
| | Problem with study itself NOT related to conducting ethical research. | 0 |
| | Identification of problem related to conducting ethical research. | 1 |
| | Description of problem related to conducting ethical research. | 2 |
| | Description of problem related to conducting ethical research and applied effectively to study. | 3 |
| | Max mark | 10 |
| 6c | <p>Can breaking ethical guidelines ever be justified? Give reasons for your answer.</p> | |
| | <p><i>Emphasis on point. Answers supported with named study (or other) studies/evidence.</i></p> | |
| | One or two general statements which may be inaccurate, incomplete or muddled. | 1-2 |
| | General statements are made which are focused on the question but are basic, lacking in detail and have no supporting evidence. For four marks there may be general statements with anecdotal evidence or vague reference to supporting psychological evidence. | 3-4 |
| | A number of points are made which are focused on question and are generally accurate. There is some supporting psychological evidence but there is little detail and no attempt to justify the points OR as for 7-8 marks but with only two points. | 5-6 |
| | Four points (best four) are made which are focused on the question and are accurate. There is supporting psychological evidence with an attempt to justify the points. There is increased detail but the range of arguments is limited and there may be an imbalance. OR as for 9-10 marks but with only 3 points. | 7-8 |
| | A range of different points (best four) is made which are accurate and show understanding. Each point has appropriate supporting psychological evidence. The arguments are well expressed, well considered, are balanced, and reflect understanding which extends beyond specific studies. There may well be a consideration of the implications and effects. | 9-10 |
| | Max mark | 10 |

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| Question | Description | Mark |
|----------|---|-------------|
| 7a | <p>How might each of these studies be considered reductionist?</p> <p>Sperry (split brain) Loftus and Palmer (eyewitness testimony) Tajfel (intergroup categorisation) Freud (Little Hans)</p> | |
| | <i>Emphasis on study. Answers must be related to named studies. One point from each study.</i> | |
| | Indicative content: Raine – physiological explanation of why people murder ignores the possibility that the brain may change in structure due to experience and other social factors. Loftus and Palmer – use of experiment to illustrate reliability of eyewitness testimony is an oversimplification of how memory works in everyday life, real accidents involve much more emotion than a film clip. Tajfel – reduces complex process of discrimination to simplistic exercise and explanation or intergroup categorisation ignores role of attitudes and beliefs. Freud – focuses on one explanation of how phobias develop i.e. unresolved unconscious conflicts. | |
| | For each point up to a maximum of FOUR points | |
| | For each point up to a maximum of four studies | |
| | No answer or incorrect answer. | 0 |
| | Identification of point relevant to question but not related to study or comment from study but not point about reductionism. | 1 |
| | Description of point about reductionism (comment without comprehension). | 2 |
| | As above but with analysis (comment with comprehension) about reductionism. | 3 |
| | Max mark | 10 |
| 7b | <p>What are the strengths and weaknesses of using reductionist explanations in psychology?</p> | |
| | <i>Emphasis on problem. Answers supported with named (or other) studies. Each problem does not need a different study; can use same study.</i> | |
| | Indicative content: strengths – helps to explain complex processes, easier to study behaviour using experiments can establish cause and effect. Weaknesses – ignores alternative explanations of behaviour, too simplistic, use of experiments can bring about demand characteristics and less valid results. | |
| | For each point up to a maximum of FOUR points | |
| | Problem with study itself NOT related to reductionist explanations and/or methods in psychology. | 0 |
| | Identification of problem related to reductionist explanations and/or methods in psychology. | 1 |
| | Description of problem related to reductionist explanations and/or methods in psychology. | 2 |
| | Description of problem related to reductionist explanations and/or methods in psychology and applied effectively to study. | 3 |
| | Max mark | 10 |
| 7c | <p>Is there an alternative to reductionist approaches in psychology? Give reasons for your answer.</p> | |
| | <i>Emphasis on point. Answers supported with named study or other studies/evidence.</i> | |
| | One or two general statements which may be inaccurate, incomplete or muddled. | 1-2 |
| | General statements are made which are focused on the question but are basic, lacking in detail and have not supporting evidence. For four marks there may be general statements with anecdotal evidence or vague reference to supporting psychological evidence. | 3-4 |
| | A number of points are made which are focused on question and are generally accurate. There is some supporting psychological evidence but there is little detail and no attempt to justify the points OR as for 7-8 marks but with only two points. | 5-6 |
| | Four points (best four) are made which are focused on the question and are accurate. There is supporting psychological evidence with an attempt to justify the points. There is increased detail but the range of arguments is limited and there may be an imbalance. OR as for 9-10 marks but with only 3 points. | 7-8 |
| | A range of different points (best four) is made which are accurate and show understanding. Each point has appropriate supporting psychological evidence. The arguments are well expressed, well considered, are balanced, and reflect understanding which extends beyond specific studies. There may well be a consideration of the implications and effects. | 9-10 |
| | Max mark | 10 |

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| Question | Description | Mark |
|----------|---|-----------|
| 8a | <p>Describe a possible use for the findings of each of these studies.</p> <p>Piliavin, Rodin and Piliavin (subway Samaritans) Samuel and Bryant (conservation) Hodges and Tizard (social relationships) Raine, Buchsbaum and LaCasse (brain scans)</p> | |
| | <p><i>Emphasis on study. Answers must be related to named studies.</i> <i>One point from each study.</i></p> | |
| | <p>Indicative content: Piliavin – understanding and improving bystander behaviour. Samuel and Bryant – formulating teaching schemes for young children, understanding children’s cognitive limitations. Hodges and Tizard – parenting skills and policies for adoption and foster care. Dement and Kleitman – understanding the relationship between sleep and dreaming, sleep cycles etc.</p> | |
| | <p>For each point up to a maximum of FOUR points</p> | |
| | For each point up to a maximum of four studies | |
| | No answer or incorrect answer. | 0 |
| | Identification of point relevant to question but not related to study or comment from study but no point about physiological processes. | 1 |
| | Description of point about physiological processes (comment without comprehension). | 2 |
| | As above but with analysis (comment with comprehension) about physiological processes. | 3 |
| | Max mark | 10 |
| 8b | <p>What problems may psychologists have when they try to conduct useful research?</p> | |
| | <p><i>Emphasis on problem. Answers supported with named (or other) studies. Each problem does not need a different study; can use same study.</i></p> <p>Indicative content: ecological validity, ethics, valid measures, sample size, ethnocentric bias, demand characteristics etc.</p> | |
| | <p>For each point up to a maximum of FOUR points</p> | |
| | Problem with study itself NOT related to ecological validity. | 0 |
| | Identification of problem related to ecological validity. | 1 |
| | Description of problem related to ecological validity. | 2 |
| | Description of problem related to ecological validity and applied effectively to study. | 3 |
| | Max mark | 10 |
| 8c | <p>Do you think some areas of psychological research are more useful than others? Give reasons for your answer.</p> | |
| | <p><i>Emphasis on point. Answers supported with named study (or other) studies/evidence.</i></p> | |
| | One or two general statements which may be inaccurate, incomplete or muddled. | 1-2 |
| | General statements are made which are focused on the question but are basic, lacking in detail and have no supporting evidence. For four marks there may be general statements with anecdotal evidence or vague reference to supporting psychological evidence. | 3-4 |
| | A number of points are made which are focused on question and are generally accurate. There is some supporting psychological evidence but there is little detail and no attempt to justify the points OR as for 7-8 marks but with only two points. | 5-6 |
| | Four points (best four) are made which are focused on the question and are accurate. There is supporting psychological evidence with an attempt to justify the points. There is increased detail but the range of arguments is limited and there may be an imbalance. OR as for 9-10 marks but with only 3 points. | 7-8 |
| | A range of different points (best four) is made which are accurate and show understanding. Each point has appropriate supporting psychological evidence. The arguments are well expressed, well considered, are balanced, and reflect understanding which extends beyond specific studies. There may well be a consideration of the implications and effects. | 9-10 |
| | Max mark | 10 |

JUNE 2004

GCE A AND AS LEVEL

MARK SCHEME

MAXIMUM MARK: 70

SYLLABUS/COMPONENT: 9698/03

**PSYCHOLOGY
Specialist Choices**



| | | | |
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Section A

| Question | 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 | <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 | |
| max mark for question | | 11 |

Section B

| Question | 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 |
| | max mark for part (a) | |

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| 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 |
| | max mark for part (b) | |
| Qc | APPLICATION [Applying to new situations and relating to theory/method] | |
| | An attempt has been made to apply the assessment request specifically to the evidence. Appropriate suggestion. One basic application. | 1 |
| | The assessment request has been applied effectively to the evidence. Appropriate suggestion. One or more detailed applications considered. | 2 |
| | KNOWLEDGE (2) [Evidence] | |
| | Basic evidence is referred to but not developed and/or it is of peripheral relevance only and/or it is predominantly anecdotal. | 1 |
| | Appropriate psychological theory/evidence is explicitly applied. | 2 |
| | UNDERSTANDING [What the knowledge means] | |
| | Some understanding (of relationship between application and psychological knowledge) is evident in the answer OR there is clear understanding of the suggested application(s). | 1 |
| | The answer shows a clear understanding of the relationship between psychological knowledge and the suggested application AND there is clear understanding of the suggested application(s). | 2 |
| max mark for part (c) | | 6 |
| max mark for Question | | |
| 24 | | |

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PSYCHOLOGY AND EDUCATION SECTION A

| | | |
|-----|--|---|
| Q1a | 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. | |
| Q1b | Describe one cultural difference in educational performance. | 3 |
| | Any cultural difference acceptable. Candidate may well compare their own culture with that of others; flexibility required here. | |
| Q1c | Describe two explanations for differences in 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. | |

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| Q2a | Explain, in your own words, what is meant by the 'behaviourist' approach to education. | 2 |
| | Typically: approach based on initial principles of conditioning where emphasis is on antecedents and consequences of behaviour. | |
| Q2b | Describe two ways in which the behaviourist approach has been applied in education. | 3 |
| | Most likely: 1. Direct application of positive and negative reinforcement (such as in the source) to shape behaviour. Use of schedules. 2. Programmed learning as an approach to teaching and learning e.g. Bloom's mastery learning and Keller's personalised system of instruction. Rote learning versus discovery learning. Use of computers. 3. Behaviour modification applied to (a) children who misbehave and (b) children who are disadvantaged. 4. Social learning (eg Bandura) using teachers or other children as role models. 5. Guthrie : context dependent learning & habit breaking. Candidates who describe the studies of Pavlov and/or Skinner receive no credit. Their work was not applied to education. Candidates must extend their work. | |
| Q2c | Describe one weakness of the behaviourist approach to education. | 6 |
| | Any appropriate answer, such as focuses on behaviour, and does not take into account cognitive aspects or humanistic aspects. Weakness could also be specific to an application that may have been used in (b) above. | |

SECTION B

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| Q3a | Describe what psychologists have discovered about motivation and educational performance. | 8 |
| | Traditional theories of motivation could be considered (such as Freud and instinct theory, Maslows's hierarchy of needs, etc.) but these must be related to education in some way to be creditworthy (otherwise it could be an 'organisations' answer). Candidates can be motivated by many things and here they can legitimately write about self-efficacy, self-fulfilling prophesy, locus of control, attribution theory and similar aspects. | |
| Q3b | Evaluate what psychologists have discovered about motivation and educational performance. | 10 |
| | <i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i> <ul style="list-style-type: none"> • the strengths and weaknesses of psychological perspectives; • the implications for teachers; • whether theory applies in practice; • comparing and contrasting alternative theories. | |

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| Q3c | Giving reasons for your answer, suggest ways in which students can be motivated to work for examinations. | |
| | <i>Mark scheme guidelines apply in that any reasonable suggestion is acceptable.</i> Here candidates are likely to apply what they have written about in part (a) to a examination revision for which they are unlikely to have prepared. This will therefore test their knowledge, understanding and application. | 6 |
| Q4a | Describe what psychologists have found out about disruptive behaviour in schools. | 8 |
| | 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 (e.g. distracting, attention-seeking, calling out, out-of-seat); anxiety & withdrawal; immaturity and verbal and physical aggression; bullying. School refusers disrupt themselves. Persistently disruptive children are often labelled as EBD. Candidates may then provide an explanation for these behaviours which may be behavioural, cognitive or social. Specific causes include ADHD. | |
| Q4b | Evaluate what psychologists have found out about disruptive behaviour in schools. | 10 |
| | <i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i> <ul style="list-style-type: none"> • definitions and types of problems; • the methods used by psychologists to assess problem behaviour; • ethical issues; • the challenges a problem child presents for teachers and educators. | |
| Q4c | Giving reasons for your answer, suggest corrective strategies a teacher may use to modify David's disruptive behaviour. | 6 |
| | <i>Mark scheme guidelines apply in that any reasonable suggestion is acceptable.</i> There are a number of corrective (NOT preventative) strategies: (1) Reasoning - this is presenting to the child reasons for not engaging in deviant behaviour and/or reasons for engaging in alternative behaviour. Parke (1974) found reference to actual object more successful in younger children for example. Preferable to punishment? (2) Behaviour modification techniques (a) Positive reinforcement. Can be intrinsic (internal) and so not directly under teacher control (but teacher could create situation leading to satisfaction, etc.) and extrinsic (external): attention, praise, stars, etc. Bijou and Sturges (1959) classify extrinsic reinforcers into five categories: consumables, manipulatables, visual & auditory stimuli, social stimuli and tokens. O'Leary & Becker (1967) used tokens to eliminate deviant responses with much success, although others (Kazdin & Bootzin, 1972) did not. Premack (1965) outlines the 'Premack Principle' where children behaving appropriately engage in a reinforcing activity - one that the child enjoys. Michael (1967) describes 7 principles one should be wary of when attempting to control behaviour through consequences. [details Lefrancois p328-329] (b) Modelling. Punishing one student may inhibit the same behaviour in another; rewarding one student may lead to copying behaviour by another. (c) Punishment. Can be (1) presentation of unpleasant stimulus such as facial gestures, reprimands, detention, time-out, physical punishment, etc. (2) removal of pleasant stimulus. Many studies illustrate all these variations. For example Bratner & Doherty (1983) distinguish three types of time out: isolation, exclusion and non-exclusion. | |

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**PSYCHOLOGY AND ENVIRONMENT
SECTION A**

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| Q5a | Explain, in your own words, what is meant by the term 'scenic environment'. | 2 |
| | Typically: individual perception and preference of images/scenes, whether real or in a picture, of the 'great outdoors'. | |
| Q5b | Describe one study that has been done on the scenic environment. | 6 |
| | So many to choose from, so here goes: Dominating is the descriptive approach (Litton, 1972) emphasising the importance of line, form, colour and texture. In psychology we refer to this as the physical-perceptual approach . Studies here (e.g. Zube et al, 1974; Vining et al, 1984 and Im, 1984) look at specifically measurable characteristics such as heights, distances, edges, etc. Generally natural scenes are preferred to those created by humans. But there is no individuality or <i>psychology</i> here. Brunswick's lens model (1956) is also appropriate. Berlyne (1974) has developed a model of aesthetics . Important are collative stimulus properties which stimulate us (can be novelty, incongruity, complexity or surprisingness) to investigate further and compare with an existing image and types of exploration . Specific exploration is when we examine a stimulus closely, and diverse exploration is when we seek out a stimulus to examine. Berlyne also outlines two dimensions: uncertainty-arousal and hedonic tone . The former suggests that an unknown stimulus arouses specific exploration and the latter, related to diverse exploration, is a curvilinear relationship where a stimulus first increases hedonic tone (degree of pleasantness) then decreases it. Aesthetic judgements are a combination of these factors. Alternatively Kaplan and Kaplan (1975) outline a preference model . They believe we prefer landscapes that are useful and are survivable. Further, that we like to process information and prefer scenes which are understandable and make sense. They outline a preference matrix with coherence, legibility, mystery and complexity (e.g. we prefer complex scenes). But there are individual differences in preference : age, sex, place of residence and familiarity. Many studies and many examples are available for students to use. A phenomenological approach is also a possibility (e.g. Seamon, 1982) which also considers individual preference. | |
| Q5c | Describe two common errors when drawing cognitive maps. | 3 |
| | Most likely: a] maps are often incomplete : we leave out minor details. b] we distort by having things too close together, too far apart or mis-aligning e.g. people over-estimate the size of familiar areas. c] we augment : add non-existent features. d] Euclidean bias : people assume roads etc are grid-like: they are not. Sadalla & Montello (1989). e] superordinate-scale bias : which is farther north, Kings Lynn or Birmingham? We group areas (e.g. counties) together and make judgement on area rather than specific place, e.g. Stevens & Coupe (1978). f] segmentation bias : Allen & Kirasic (1985) we estimate distances incorrectly when we break a journey into segments compared to estimate as a whole. | |
| Q6a | Explain, in your own words, what is meant by the term 'crowding'. | 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). Or Zlutnick & Altman (1972): crowding is an individual's inability to adequately control interactions with others. Definition not needed: question is always 'explain in your own words'. | |

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| Q6b | Describe one study showing the effect of crowding on health. | 6 |
| | Most likely: studies recording increases in blood pressure/illness: Di Atri et al (1981) found increasing levels of population density in prisons showed higher blood pressure and pulse than when in more spacious conditions. Paulus, McCain & Cox (1978) also found increase in density >> increase in blood pressure in prisoners. McCain, Cox & Paulus (1976) increase in density >> more complaints of illness in prisoners. Baron et al (1976) found students in high density dormitories visit health centre more. Lundberg (1976) recorded stress levels of train commuters. | |
| Q6c | Describe two ways in which a person can reduce the effects of crowding. | 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 as if unexpected. Coping with crowding: e.g. Karlin et al (1979) gave training in muscle relaxation, cognitive reappraisal or imagery. Found cognitive reappraisal best. | |
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SECTION B

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| Q7a | Describe what psychologists have discovered about architecture and behaviour. | 8 |
| | Descriptions of Pruitt-Igoe may be extensive and are relevant. Understanding is demonstrated through reasons why the project failed. Such reasons should be reversed for part c: a. space was sociofugal i.e. no semi-private spaces (would encourage interaction) b. no defensible space (gardens with fences would encourage belonging & surveillance) c. project too large 12,000 people, 43 buildings, 11 storeys high (reduce number of houses) d. was housing for lower classes (reduce number of working class families introduce gentrification). | |
| Q7b | Evaluate what psychologists have discovered about architecture and behaviour. | 10 |
| | <i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i> • comparing social with physical explanations; • the ethics of urban renewal; • comparing theories of gentrification [renovating areas for middle/upper class use] • how psychologists gained their evidence (e.g. the 'single variable' versus the 'urban/rural' approach). | |
| Q7c | Using your psychological knowledge suggest what architectural design features can be used to reduce crime. | 6 |
| | Any appropriate suggestion to receive credit - most likely a reversal to what happened to Pruitt-Igoe (see part (a) above). Could increase opportunities for surveillance (Newman). Can block off streets: control and identity of both people and cars (so recognise anything different and less access for burglars); can build houses so more opportunities for surveillance. Shumaker et al (1982) residents of cul-de-sac felt safer than residents of 'through streets'. | |
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| Q8a | Describe what psychologists have found out about personal space and/or territory. | 8 |
| | <p>Lots that could be included here. Focus could be on space, territory, or both.</p> <p>Candidates may begin with definitions or look at types: alpha personal space = objective, externally measurable distance; beta personal space = subjective experience of space.</p> <p>They could look at the functions of personal space such as OVERLOAD (Scott, 1993), INTIMACY EQUILIBRIUM (Argyle & Dean, 1965), ETHOLOGICAL MODEL (Evans & Howard, 1973), PROXEMICS (Hall, 1966), PRIVACY REGULATION (Altman, 1975).</p> <p>Candidates may make a distinction between territory and personal space.</p> <p>Candidates may look at how personal space is measured: simulation; stop-distance; naturalistic observation or direct invasion of space.</p> <p>Many studies could be included. Three 'classics' are:</p> <p>(1) Felipe and Sommer (1966). At a 1,500-bed mental institution an experimental confederate approached and sat next to lone patients. Felipe and Sommer (1966) also performed a more ethical study in a library.</p> <p>(2) Middlemist, Knowles, and Matter (1976) looked at the effects of invasion on physiological arousal, performing a study in a three-urinal men's lavatory.</p> <p>(3) Konecni et al (1975) and in a similar study Smith and Knowles (1979) stood close to pedestrians waiting to cross a road.</p> <p>Other studies have looked at the effect of space invasions on helping behaviour.</p> <p>Territory differs from personal space in relation to size, boundaries, location and constancy.</p> <p>Altman (1975): types of territory 1. Primary territory:"a private area owned by an individual"; 2. Secondary territory:"an area that is used regularly but is shared with others"; 3. Public territory:"can only be occupied temporarily on a first come first served basis".</p> <p>Gender differences: Males claim larger territories than females e.g. Smith et al (1981) beach study; Jason et al (1981) study of women on a beach. Sundstrom & Sundstrom (1977) similar study but on bench.</p> <p>Cultural differences: Smith et al (1981): French & German beaches; Edney et al (1974) US beaches found: French less territorial; Germans much more marking. Worchel & Lollis (1982) compared Greek with American responses to dropped bags of litter.</p> <p>Defence of public territory: Ruback & Snow (1993) person drinking at water fountain invaded. Found non-conscious racism: White invaded by white left quickly. African-Americans stayed longer when invaded by white. Ruback et al (1989) those on phone spent longer on phone when someone else was waiting than in a no-one waiting control.</p> <p>Defence of primary territory (e.g. home): Newman (1976): defensible space: physical space that is characterised by a high level of social responsibility and personal safety. Certain buildings are more likely to be vandalised/burgled because of their design. Evidence from Pruitt-Igoe building: 33 high-rise blocks each with 80 apartments. After 3 years = very high crime rate and 70% were empty. Why? Newman:(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. High-rise have many semi-public areas: entrance-halls, lifts = do not belong to anyone so no markers so vandalism. Also no opportunities for surveillance so vandalism. Pruitt-Igoe - one had a chain fence around it. Vandalism 80% lower than other buildings and vacancy rate 5%.</p> | |

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| Q8b | Evaluate what psychologists have found out about personal space and/or territory. | 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 strengths and weaknesses of the methods used by psychologists to gain their evidence; issues relating to individual and/or cultural differences; the implications the evidence has for society; comparing and contrasting theoretical explanations. | |
| Q8c | Giving reasons for your answer, suggest ways in which people defend territory in a public place. | 6 |
| | Any appropriate suggestion to receive credit - any aspect from Q8a above. | |
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PSYCHOLOGY AND HEALTH SECTION A

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|-----|---|---|
| Q9a | Explain, in your own words, what is meant by the term 'chronic pain'. | 2 |
| | Typically: pain that is present for a long-term period that may be constant or may be progressive. Acute pain is short-term. | |
| Q9b | Outline two ways in which pain can be managed or controlled. | 6 |
| | <p>Any two from:</p> <p>Medical - use of surgical or chemical means: peripherally acting analgesics such as aspirin, centrally acting analgesics e.g. morphine or local anaesthetics.</p> <p>Psychological A. cognitive: attention diversion, non-pain imagery or cognitive redefinition. B. behavioural such as biofeedback.</p> <p>Alternative such as physical therapy: tens, hydrotherapy and acupuncture.</p> | |
| Q9c | Describe one way of measuring chronic pain in adults. | 3 |
| | <p>Most likely possibilities include:</p> <p>(a) Interview</p> <p>(b) Psychometric measure such as MPQ</p> <p>(c) Behavioural assessment such as UAB</p> | |
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| Q10a | Explain, in your own words, what is meant by the term 'health and safety'. | 2 |
| | Typically: maintaining healthy existence through safe practices at work and in the home. | |
| Q10b | Describe two causes of accidents. | 6 |
| | <p>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].</p> <p>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.</p> | |
| Q10c | Describe one way in which accidents in the home have been successfully reduced. | 3 |
| | Most likely is Cowie (1989) and successful reduction of chip-pan fires in homes. Not a universally applicable example so any appropriate study acceptable. | |
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| Q11a | Describe what psychologists have discovered about substance use and abuse. | 8 |
| | <p>Candidates could offer definitions, distinguishing between use and abuse (e.g. 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 (e.g. Eysenck, 1980) 2. nicotine addiction/regulation model (e.g. Schachter, 1980) 3. Biobehavioural model (e.g. Pomerleau, 1989) 4. opponent process model (e.g. Solomon, 1980) cough=nasty so smoke=nice. 5. social learning/modelling. 6. Tomkins(1966): positive effect; negative effect; 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 (e.g. Conger, 1956) 2. disease model (a) Jellineks (1960) gamma & delta; (b) alcohol dependency syndrome (e.g. 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 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 |
| | <p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> • <i>the methods psychologists use to gain their evidence;</i> • <i>comparing and contrasting theories;</i> • <i>ethical issues involved in the research;</i> • <i>generalisation of the results from the use of research participants.</i> | |
| Q11c | Using your psychological knowledge, suggest ways in which people can be discouraged from beginning to abuse a substance of your choice. | 6 |
| | Difficult this - depends on substance. Most likely is use of health promotion campaigns which could take place in schools, worksites or communities. As usual, any appropriate information to receive credit. | |
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| Q12a | Describe what psychologists have found out about health promotion. | 8 |
| | <p>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 not the most effective. The Yale model (source of message/message/recipient) underlies so many attempts.</p> <p>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.</p> <p>3] behavioural methods: provision of instructions, programmes, diaries to use as reinforcers.</p> <p>Attempts in schools, worksites (e.g. Johnson & Johnson) & communities (e.g. three community study).</p> <p><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 (e.g. 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.</p> | |
| Q12b | Evaluate what psychologists have found out about health promotion. | 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>the effectiveness of promotions;</i> • <i>the assumptions about human nature;</i> • <i>the ethics of some strategies;</i> • <i>the methodology used by psychologists.</i> | |
| Q12c | Using psychological evidence, suggest a community-wide programme to encourage people to eat healthier foods. | 6 |
| | A number of community-wide programmes are suggested in recommended texts e.g. Three Community Study. This could be linked with TSE and BSE programmes also evident in recommended texts. | |

PSYCHOLOGY AND ABNORMALITY SECTION A

| | | |
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| Q13a | Explain, in your own words, what is meant by the term 'abnormality'. | 2 |
| | Typically: not normal! (either extreme of a normal distribution curve). Alternatively, that which the majority of a population are not. | |
| Q13b | Classify one abnormality of your choice. | 6 |
| | Most likely: choice too wide to guess! | |
| Q13c | Outline two possible causes of an abnormality. | 3 |
| | Most likely: again choice could be anything. | |
| | | |
| Q14a | Explain, in your own words, what is meant by the term 'post traumatic stress disorder'. | 2 |
| | Typically: stress response to abnormal event that involves re-experiencing event, avoidance of activity related to event, stress symptoms. | |
| Q14b | Describe two symptoms of a trauma response of your choice. | 6 |
| | Most likely: could be stress, amnesia, fugue. | |
| Q14c | Outline one way in which a trauma response of your choice could be treated. | 3 |
| | Most likely: drugs are likely linked with hypnosis. Systematic desensitisation for PTSD. | |
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SECTION B

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| Q15a | Describe what psychologists have found out about cultural, societal and individual differences in abnormality. | 8 |
| | Abnormality does vary from culture to culture. See source! For example, Russia has 51 per 10,000 cases of schizophrenia, Denmark has only 15 per 10,000. Not only are there different abnormalities, but there are very different treatment methods too. There are gender differences and relationship differences. For example, divorced people are much more likely to be admitted to a US mental hospital (1183 per 100,000) than those who are married (136 per 100,000). The family also has a bearing. | |
| Q15b | Evaluate what psychologists have found out about cultural, societal and individual differences in 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 abnormality; • cultural and individual differences; • comparing and contrasting explanations of cause; • implications of individual and society. | |
| Q15c | Giving reasons for your answer, suggest how treatments for an abnormality of your choice have differed according to cultural differences. | 6 |
| | Most likely: depending on abnormality chosen, treatments will either be medical (drugs) or psychological (cognitive-behavioural or psychodynamic) or alternatives (hypnosis, etc.) | |

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| Q16a | Describe what psychologists have learned about abnormal adult development. | 8 |
| | Candidates will most likely focus on organic degeneration of the brain. Most well known are Alzheimers disease and Picks. Both involve atrophy of brain cells resulting in presenile dementia. More to be added asap. | |
| Q16b | Evaluate what psychologists have learned about abnormal adult development. | 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 development; • implications for the individual and carers; • comparing and contrasting explanations; • problems with treatments. | |
| Q16c | Giving reasons for your answer, suggest ways in which a degenerative abnormality of your choice may be reduced. | 6 |
| | Medication is most likely - treatments for Alzheimers (& Picks) being developed all the time. 'Sonic Hedgehog' one of modern treatments. | |

PSYCHOLOGY AND ORGANISATIONS SECTION A

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| Q17a | Explain, in your own words, what is meant by the term 'interpersonal communication system'. | 2 |
| | Typically: the passage of information between one person or group to another person or group. | |
| Q17b | Briefly describe one type of communication channel | 3 |
| | Many types: telephone/text message; e-mail; face-to-face; meetings; memo; formal report; teleconference. | |

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| Q17c | Describe one advantage and one disadvantage of a type of communication channel of your choice. | 3 |
| | Depends on type chosen but most likely: Memo & e-mail - brief, impersonal but wide dissemination and quick. Gives records. Meeting face-to-face, personal, verbal, but time consuming & group processes involved. Gives records. Phone: more personal but not face-to-face; gives Q & Answers; no records. Ref Riggio pp 223 | |
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| Q18a | Explain, in your own words, what is meant by the term 'motivation to work' . | 2 |
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Typically: the force that energises, directs and sustains behaviour.

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| Q18b | Briefly describe two theories of motivation to work. | 6 |
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Many to choose from. This is a section A question so only 5-6 lines of description needed.

[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 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.

[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.

[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.

Ref Riggio Chp 6

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| Q18c | Give one way in which motivation at work can be improved. | 3 |
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Most likely: through rewards which could be financial or in the form of benefits and/or bonuses/incentive schemes; improvement in work hours; physical conditions, equipment.

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SECTION B

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| Q19a | Describe what psychologists have found out about human resource practices. | 8 |
| | HRM looks at performance appraisal, reward systems and personnel selection processes. There are many aspects to performance appraisal such as job analysis. More detail to be added asap. | |
| Q19b | Evaluate what psychologists have found out about human resource practices. | 10 |
| | <p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> • issues concerning reliability and validity; • assumptions made by appraisal techniques; • implications of HRM practices for leader-worker relationships; • the usefulness of HRM practices; | |
| Q19c | If you owned a company, how would you reward the good performance of your employees? Give reasons for your answer. | 6 |
| | <p>Any appropriate answer acceptable, such as</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> | |
| Q20a | Describe what psychologists have learned about the quality of working life. | 8 |
| | <p>QWL involves all aspects of life at work. Answers could therefore focus on any aspect of organisational psychology. Most likely answers will focus on Job satisfaction: the feelings and attitudes about one's job. Two approaches: the global (overall satisfaction) and the facet (composed of different elements/facets) of the job.</p> <p>QWL/satisfaction can be measured: there are many approaches (interviews, scales, surveys). More popular (in America) are the Minnesota Satisfaction Questionnaire (MSQ) and the Job Descriptive Index (JDI). In Britain Cooper et al's (1987) Occupation Stress Indicator is often used. All can be evaluated for reliability and validity.</p> <p>Implications: poor performance, absenteeism, high turnover.</p> | |
| Q20b | Evaluate what psychologists have learned about the quality of working life. | 10 |
| | <p><i>NOTE: any evaluative point can receive credit; the hints are for guidance only.</i></p> <ul style="list-style-type: none"> • how psychologists gained their evidence; • competing theoretical explanations; • the usefulness of the theories; • implications for management and workers. | |
| Q20c | Giving reasons for your answer, suggest how the quality of working life can be improved. | 6 |
| | Any suggestion based on psychological theory acceptable. Can be 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). | |