



PSYCHOLOGY

9773/03

Paper 3 Key Applications

May/June 2017

MARK SCHEME

Maximum Mark: 120

Published

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This document consists of **36** printed pages.

There are three types of question on this paper and for each applied option these are labelled Section A, Section B and Section C.

Section A includes short-answer questions and although each question is marked out of 3, each question has its own specific mark scheme.

Section B includes essay questions and although the indicative content varies for each question, the mark scheme for both question parts (a) and (b) is the same. It has to be to allow standardisation across the 5 options.

Section C is the application question and although the question will vary the mark scheme does not. This means that the mark schemes for Section B questions (a) and (b) will appear once (immediately below) and not be repeated for each individual question as will the mark scheme for Section C question parts (a) and (b). Indicative content for each question appear after the mark schemes.

SECTION B question part (a)	
Q18 This mark scheme applies to questions 3 & 4, 8 & 9, 13 & 14, 18 & 19, 23 & 24	AO1=12
<p>Note: Section B (a) questions can ask about 1. the general topic area; 2. the key study itself or 3. a selection of sub-topics from the topic area. Each answer will therefore be different.</p> <p>1. A key study question should emphasise the aim, method(s), participants, procedure, results, conclusions, etc. It can also include a brief background to the key study and it can also include some explore more extending beyond the study.</p> <p>2. A topic area question should cover a range of detail, including (from the syllabus) Theory, Research, Key study and Applications, but what specifically is included is the choice of the candidate.</p> <p>3. A sub-topic question should only include detail from the specified sub-topics (combinations of Theory, Research, Key study and Applications). Each type of answer should be credited on its individual merits.</p>	
<p>Quality of description and depth of knowledge is impressive. Description of knowledge (theories/studies) is accurate, coherent and detailed. Use of terms is accurate and use of psychological terminology is comprehensive. The theories/studies described are wide-ranging. Understanding (such as elaboration, use of example, quality of description) is very good. The answer is competently structured and organised (global structure introduced at start and followed throughout). Quality of written communication is very good.</p>	10–12
<p>Quality of description and depth of knowledge is very good. Description of knowledge (theories/studies) is mainly accurate, coherent and reasonably detailed. Use of terms is mainly accurate and use of psychological terminology is competent. The theories/studies described cover a reasonable range. Understanding (such as elaboration, use of example, quality of description) is good. The answer has some structure and organisation. Quality of written communication is good.</p>	7–9
<p>Quality of description and depth of knowledge is competent. Description of knowledge (theories/studies) is often accurate, generally coherent but lacks detail. Use of terms is basic and use of psychological terminology is adequate. The theories/studies described cover a limited range. Understanding (such as elaboration, use of example, quality of description) is reasonable. The answer is lacking structure or organisation. Quality of written communication is adequate.</p>	4–6

<p>Quality of description and depth of knowledge is poor. Description of knowledge (theories/studies) is mainly inaccurate, lacks coherence and lacks detail. Use of terms and use of psychological terminology is sparse or absent. The theories/studies described cover a very limited range. Understanding (such as elaboration, use of example, quality of description) is poor. The answer is unstructured and lacks organisation. Quality of written communication is poor.</p>	1–3
No or irrelevant answer.	0

SECTION B question part (b)

This mark scheme applies to questions 3 & 4, 8 & 9, 13 & 14, 18 & 19, 23 & 24

AO2=16

Any appropriate evaluative point to receive credit.

Most likely:

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 approaches.

Evaluation of issues and debates: Any relevant debate can be raised, such as objective versus subjective 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.**Evaluation** (balance of positive and negative points) is **comprehensive.****Quality and depth of argument** (or comment) is **impressive.**Selection and range of **arguments** is **balanced** which are **competently organised** into issues/debates, methods or approaches.**Effective use** of appropriate supporting **examples** which are **explicitly related** to the question.**Analysis** (valid conclusions that effectively summarises issues and arguments) is **evident throughout.****Evaluation** is **detailed** and quality of **written communication** is **very good.****Understanding** and usage of psychological concepts, issues, and approaches is **extensive.**

13–16

Evaluation (positive and negative points) is **very good.****Quality and depth of argument** (or comment) is clear and **well developed.**Selection and range of **arguments** is **balanced** which are **logically organised** into issues/debates, methods or approaches.**Good use** of appropriate supporting **examples** which are **related** to the question.**Analysis** (key points and valid generalisations) is **often evident.****Evaluation** is **quite detailed** and quality of **written communication** is **very good.****Understanding** and usage of psychological concepts, issues, and approaches is **competent.**

10–12

<p>Evaluation (positive and negative points) is good. Quality and depth of argument (or comment) is limited. Selection and range of arguments may be imbalanced with some organisation into issues/debates, methods or approaches evident. Limited use of appropriate supporting examples which are related to the question. Analysis (key points and valid generalisations) is sometimes evident. Evaluation is lacking in detail and quality of written communication is good. Understanding and usage of psychological concepts, issues, and approaches is adequate.</p>	7–9
<p>Evaluation (positive and negative points) is limited. Quality and depth of argument (or comment) is poor. Selection and range of arguments is often imbalanced with little or no organisation into issues/debates, methods or approaches evident. Sparse use of appropriate supporting examples which are often peripherally related to the question. Analysis (key points and valid generalisations) is sparse. Evaluation is lacking in detail and quality of written communication is good. Understanding and usage of psychological concepts, issues, and approaches is poor.</p>	4–6
<p>Evaluation (positive and negative points) is basic. Quality and depth of argument (or comment) is weak. Selection and range of arguments is imbalanced with little or no organisation into issues/debates, methods or approaches evident. Sparse or no use of appropriate supporting examples which are peripherally related to the question. Analysis (key points and valid generalisations) is barely discernible. Evaluation is severely lacking in detail and quality of written communication is poor. Understanding and usage of psychological concepts, issues, and approaches is weak.</p>	1–3
No or irrelevant answer	0

SECTION C question part (a)

This mark scheme applies to questions 5, 10, 15, 20, 25	AO2=8
In this question part candidates are either directed to design a study/intervention based on a named method or are free to suggest any way in which the assessment request could be investigated. Each answer should be considered individually as it applies to the mark scheme.	
<p>Suggestion is appropriate to the question and based explicitly on psychological knowledge. Description of applied knowledge is accurate, coherent and detailed. Understanding (such as elaboration, use of example, quality of description) is very good.</p>	7–8
<p>Suggestion is appropriate to the question and based on psychological knowledge. Description of applied knowledge is mainly accurate, coherent and reasonably detailed. Understanding (such as elaboration, use of example, quality of description) is good.</p>	5–6
<p>Suggestion is largely appropriate to the question and based largely on psychological knowledge. Description of applied knowledge is often accurate, generally coherent but lacks detail. Understanding (such as elaboration, use of example, quality of description) is reasonable.</p>	3–4

<p>Suggestion is mainly inappropriate to the question and vaguely based on psychological knowledge.</p> <p>Description of applied knowledge is mainly inaccurate, lacks coherence and lacks detail.</p> <p>Understanding (such as elaboration, use of example, quality of description) is poor.</p>	1–2
No or irrelevant answer.	0

SECTION C question part (b)	
This mark scheme applies to questions 5, 10, 15, 20, 25	AO1=6
<p>In this question part candidates are expected to justify his or her decisions or evidence presented regarding the design made in answer to question part (a). Two (or more) components may be presented here (full marks can be gained for just one):</p> <ul style="list-style-type: none"> • Knowledge of methodology, • Knowledge of appropriate topic area and/or key study. 	
<p>Quality of explanation and depth of argument is impressive.</p> <p>Description of knowledge is accurate, coherent and detailed.</p> <p>Use of terms is accurate and use of psychological terminology is comprehensive.</p> <p>Understanding (such as elaboration, use of example, quality of description) is very good.</p> <p>The issue is effectively explained in relation to the topic area.</p>	5–6
<p>Quality of explanation and depth of argument is competent.</p> <p>Description of knowledge is mainly accurate, coherent and reasonably detailed.</p> <p>Use of terms is mainly accurate and use of psychological terminology is competent.</p> <p>Understanding (such as elaboration, use of example, quality of description) is good.</p> <p>The issue is adequately explained in relation to the topic area.</p>	3–4
<p>Quality of explanation and depth of argument is poor.</p> <p>Description of knowledge is often accurate, generally coherent but lacks detail.</p> <p>Use of terms is basic and use of psychological terminology is adequate.</p> <p>Understanding (such as elaboration, use of example, quality of description) is poor.</p> <p>The issue is poorly explained in relation to the topic area.</p>	1–2
No or irrelevant answer.	0

ABNORMALITY

Section A		
Question	Answer	Marks
1(a)	<p>Ahn et al. measured beliefs about essences:</p> <p>Describe the seven-point scale used in this study and give <u>one</u> advantage of this type of scale.</p> <p>Most likely: Description (from study): The first five questions were answered using a 7–point scale from -3, strongly disagree, to +3, strongly agree; the scale for Question 6 was anchored by culturally invented (–3) and naturally exist (+3).</p> <p>Advantage (most likely): A seven point scale gives a range of choice and crucially it allows the responder to ‘opt-out’ of choosing with the use of a ‘neutral’ or ‘don’t know’ middle option.</p> <p>3 marks description that includes all relevant aspects and is clearly related to this study and advantage that is clearly stated. 2 marks description with some detail of scale and advantage. 1 mark for vague description or basic advantage.</p>	3
1(b)	<p>Suggest why an alternative ‘forced-choice’ (e.g. six-point) scale may have been a better choice.</p> <p>Most likely: A seven point scale has the advantage as described in part (a). A forced choice removes the neutral answer forcing the respondent to commit to either one side or the other. This means that there can be no opt-out.</p> <p>3 marks presentation of argument for both sides that shows understanding and psychological knowledge. 2 marks presentation of argument for both sides with limited understanding and psychological knowledge 1 mark for vague argument or description of ‘forced-choice’ with no suggestion of why better.</p>	3
1(c)	<p>Identify <u>three</u> of the unfamiliar mental disorders used as stimuli.</p> <p>The following unfamiliar mental disorders were used as stimuli: developmental coordination disorder; rumination disorder; stereotypic movement disorder; dyspareunia (not due to a general medical condition); sexual aversion disorder; circadian rhythm sleep disorder; breathing-related sleep disorder; nightmare disorder; undifferentiated somatoform disorder; dissociative amnesia; disorder usually first diagnosed in infancy, childhood, or adolescence; sexual disorder; dissociative disorder; somatoform disorder; cognitive disorder; impulse-control disorder; sleep disorder; factitious disorder.</p> <p>1 mark for each correct identification.</p>	3

Question	Answer	Marks
2(a)	<p>Kohn and Antonuccio describe the case study of Jay who is a kleptomaniac.</p> <p>Outline the presenting features (the Case Introduction) of Jay.</p> <p>Quoting directly from the article: <i>The Case Introduction: This case illustrates the treatment of kleptomania, or compulsive stealing, in which depression, suicidal ideation, and potential legal complications were present. Kleptomania symptoms were treated with cognitive and behavioural procedures. The client (he will be referred to by the pseudonym “Jay”) was a 39-year old white, married man who was self-referred to the clinic. Jay lived with his wife and was an active parent to his 14-year old son from a previous marriage. The client reported a long history of shoplifting and petty theft since the age of 6 years for which he had never suffered legal consequences. Approximately 1 year prior to treatment, he was fired for embezzlement from his job at which he had worked for several years, which opened up the possibility of serious legal consequences. Subsequent to getting fired, Jay became depressed and was put on SSRI by a physician. He reported having a bad reaction to this SSRI, and during this period he experienced severe depression and suicidal ideation with a plan, a means to carry out this plan, and intent to do so. He was switched to another SSRI, which he felt worked better and alleviated much of his depression; however, his concern regarding the severity of his recent depression and suicidal ideation led him to seek treatment. At the start of treatment, he was still taking the SSRI.</i></p> <p>3 marks appropriate and detailed outline of three (or more) features. 2 marks for basic outline of three (or more) features or detailed outline of two features. 1 mark for vague outline of one (maybe two) features or general answer about kleptomania.</p>	3
2(b)	<p>Identify <u>three</u> diagnostic criteria for kleptomania.</p> <p>From article: <i>The Diagnostic and Statistical Manual of Mental Disorders (4th ed.) (DSM-IV) (American Psychiatric Association, 1994) classifies kleptomania as an impulse control disorder in which</i> <i>(Criterion A) the essential feature is a recurring failure to resist impulses to steal items, even though those items are not needed for personal use or their monetary value</i> <i>(Criterion B) The individual experiences an increasing sense of tension just prior to the theft and</i> <i>(Criterion C) feels pleasure, gratification, or relief when committing the theft.</i> <i>(Criterion D). The stealing is not committed to express anger or vengeance, is not done in response to a delusion or hallucination, and</i> <i>(Criterion E), and is not better accounted for by conduct disorder, a manic episode, or antisocial personality disorder.</i></p> <p>[Answers relating to DSM-V are also acceptable.]</p> <p>1 mark for each correct criterion.</p>	3

Question	Answer	Marks
2(c)	<p>Give <u>one</u> disadvantage of the case study method applied to this study.</p> <p>Most likely:</p> <ul style="list-style-type: none"> • If study is of only one (very few) participant(s) it means we cannot generalise to others. • The participant may be unique, perhaps ‘not normal’. Usual ways of studying may not apply and new approaches may have to be invented. • Researchers may become emotionally attached to participant and bias may result. • If a behaviour is rare or unique it may be difficult to interpret by researchers, or they may misinterpret and draw false conclusions. <p>3 marks for appropriate detailed disadvantage, applied to this study. 2 marks for appropriate disadvantage, peripherally applied to this study. 1 mark for disadvantage, not applied to this study.</p>	3

Section B		
Question	Answer	Marks
3(a)	<p>Describe what psychologists have learned about schizophrenia.</p> <p>Theory:</p> <ul style="list-style-type: none"> • Types of schizophrenia (e.g. catatonic and paranoid schizophrenia). • Characteristics of schizophrenia (DSM-IV). [Answers relating to DSM-V are also acceptable.] • Explanations of schizophrenia including genetic and biochemical factors (e.g. twin and adoption studies and dopamine hypothesis), psychodynamic (e.g. schizophrenogenic mother) and psychological (e.g. the role of the family). <p>Research: Cortical abnormalities in schizophrenia (Goldstein, 1999). Influence of family life on the course of schizophrenic illness (Brown et al. 1962).</p> <p>Key study: Brewer, W. J., et al. (2003) Impairment of olfactory identification ability in individuals at ultra-high risk for psychosis who later develop schizophrenia. <i>American Journal of Psychiatry</i>, 160:1790–1794.</p> <p>Applications: Drug therapy. Cognitive Behavioural Therapy. ECT.</p> <p><i>The question is a general, topic area question and so it is expected that candidates will show a wider knowledge of the topic area.</i></p>	12
3(b)	<p>Evaluate what psychologists have learned about schizophrenia.</p> <p>Any appropriate evaluative point to receive credit.</p> <p><u>Evaluation of theory:</u> internal strengths and weaknesses; theoretical issues: reductionism, determinism, ethnocentrism. Supporting/contradicting evidence; Comparisons and contrasts with alternative theory.</p> <p><u>Evaluation of research:</u> strengths and weaknesses of methods, sample, controls, procedure. Evaluation of and comparisons and/or contrasts with alternative approaches.</p> <p><u>Evaluation of issues and debates:</u> Any relevant debate can be raised, such as objective versus subjective 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.</p> <p><i>The question is a general, topic area question and so it is expected that candidates will show a wider knowledge of the topic area.</i></p>	16

Question	Answer	Marks
4(a)	<p>Describe what psychologists have learned about depression.</p> <p>Theory:</p> <ul style="list-style-type: none"> • Types of anxiety disorders (e.g. phobic disorders and obsessive compulsive disorder). • Characteristics of anxiety disorders (DSM-IV). [Answers relating to DSM-V are also acceptable.] • Explanations of anxiety disorders including biomedical explanations (e.g. Eysenck, 1967), learning theory (e.g. avoidance conditioning model) and psychodynamic approaches (e.g. Freud, 1909). <p>Research:</p> <ul style="list-style-type: none"> • Conditioned emotional responses (Watson, 1920). Analysis of a phobia in a five year old boy (Freud, 1909). <p>Key study: Shapira, N A, Liu, Y, He, A G, Bradley, M M, Lessig, M C, James, G A, Stein, D J, Lang, P J and Goodman, W K (2003) Brain activation by disgust-inducing pictures in obsessive–compulsive disorder. <i>Biological Psychiatry</i>, 54, 751–756.</p> <p>Applications:</p> <ul style="list-style-type: none"> • Treatments for phobic disorders (e.g. systematic desensitisation, flooding and modelling). • Treatments for Obsessive Compulsive Disorder (Cognitive Behavioural Therapy, exposure and response prevention, drug therapy). <p><i>The question is a general, topic area question and so it is expected that candidates will show a wider knowledge of the topic area.</i></p>	12
4(b)	<p>Evaluate what psychologists have learned about depression.</p> <p>Any appropriate evaluative point to receive credit.</p> <p><u>Evaluation of theory:</u> internal strengths and weaknesses; theoretical issues: reductionism, determinism, ethnocentrism. Supporting/contradicting evidence; Comparisons and contrasts with alternative theory.</p> <p><u>Evaluation of research:</u> strengths and weaknesses of methods, sample, controls, procedure. Evaluation of and comparisons and/or contrasts with alternative approaches.</p> <p><u>Evaluation of issues and debates:</u> Any relevant debate can be raised, such as objective versus subjective 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.</p> <p><i>The question is a general, topic area question and so it is expected that candidates will show evaluation of the wider topic area.</i></p>	16

Section C		
Question	Answer	Marks
5(a)	<p>Blood and injection phobics faint at the sight of blood, or a needle prior to an injection. There are many treatments for such phobias, including systematic desensitisation, flooding, modeling and ‘applied tension’ (the tensing of muscles to raise blood pressure).</p> <p>Using your knowledge of psychology, design an experiment to investigate the effectiveness of <u>one</u> treatment for blood or injection phobias.</p> <p>In this question part candidates are either directed to design a study based on a named method or are free to suggest any way in which the assessment request could be investigated. Each answer should be considered individually as it applies to the mark scheme. As this the design of an experiment candidates are expected to include the basic of IV, DV, use of controls, etc.</p>	8
5(b)	<p>Explain the evidence on which your study is based.</p> <p>In this question part candidates are expected to justify his or her decisions or evidence presented regarding the design made in answer to question part (a).</p> <p>Two components may be presented here (full marks can be gained for just one):</p> <ul style="list-style-type: none"> • Knowledge of methodology, specifically that of the experimental method. • Knowledge of the nature of phobias (a knowledge of blood phobia is not needed). 	6

CRIME

Section A		
Question	Answer	Marks
6(a)	<p>Describe <u>one</u> interrogation tactic.</p> <p>Syllabus:</p> <ul style="list-style-type: none"> • Interrogation tactics (e.g. minimisation and explicit offer of leniency). • Detecting lies and deceit (e.g. Vrij, 2000). • False confessions (e.g. coerced compliance, coerced internalisation). <p>Most likely:</p> <ul style="list-style-type: none"> • Maximisation involves a presentation of the strongest interpretation of the evidence (or implications about impact of evidence), including dire consequences, “scare tactics,” and eyewitness identifications (true or otherwise), with the intended effect of the suspect inferring a worst-case scenario. • Minimisation generally involves a gentle, friendly approach in which the interrogator attempts to gain the suspect’s trust and minimise the seriousness of the offense. Examples of minimisation techniques include stressing the importance of cooperation, expressing sympathy, blaming the victim, and providing face-saving excuses. <p>Less likely but also possible:</p> <ul style="list-style-type: none"> • Projection is used when the interrogator attempts to deflect the responsibility of the crime away from the person in question and towards someone else. The interrogator may even project the blame onto the victim of the incident. This interrogation tactic attempts to diminish all the blame of the crime from the person in question to the degree that the individual feels his actions, if any, are forgivable. • Rationalisation – The interrogator may attempt to rationalise with the person in question about the situation, which encourages him to react less defensively. Rationalising introduces sympathy to the interrogation and creates a more comfortable environment for the person in question to release information. <p>3 marks for clear and concise description of tactic with full understanding. 2 marks description of tactic with some understanding. 1 mark for vague description of tactic.</p>	3

Question	Answer	Marks
6(b)	<p>Contrast an interrogation with a police interview.</p> <p>Most likely: The difference between an interrogation and an interview is that in an interrogation, it is assumed (from previous interviews or other evidence) that the suspect is guilty and the intention is to force a confession. Interrogation is used rarely in the UK. Under normal circumstances, the police are constrained from using undue pressure by issues of human rights and the Police and Criminal Evidence (PACE) Act. In the USA the definition is slightly different: An interrogation is the process of questioning a suspect in order to retrieve a confession or additional information that will help officials solve a criminal case. The interrogator uses various techniques to retrieve the necessary material without violating the suspect's civil rights and while adhering to the legalities of admitting evidence to the court.</p> <p>3 marks Concise and explicit contrast (where both sides are clearly presented) with understanding. 2 marks Explicit contrast with some understanding. 1 mark Description of interrogation and description of interview without explicit contrast.</p>	3
6(c)	<p>Identify <u>three</u> types of false confession.</p> <p>Most likely:</p> <ul style="list-style-type: none"> • Voluntary false (including confessing to protect someone else); • Coerced-compliant; • Coerced-internalised; • Coerced-reactive. <p>1 mark for each correctly identified/described type (correct terms as given above are not required).</p>	3

Question	Answer	Marks
7(a)	<p>Identify <u>three</u> functions of imprisonment.</p> <p>Most likely:</p> <ul style="list-style-type: none"> • Incapacitation: preventing the offender from reoffending. • Deterrence: making potential offenders 'think twice' about committing an offence because of the consequences involved. • Reform: altering the offender so that, on release, they do not reoffend. • Retribution: the punishment is designed to fit the crime. <p>1 mark for each appropriate function.</p>	3
7(b)	<p>Debate the view that imprisonment should rehabilitate rather than punish.</p> <p>Most likely:</p> <p>Candidates are free to present any argument here to support their debate. Recidivism rates could be included to support; behaviourist conditioning could be mentioned, or probation and any other rehabilitation programme. Some candidates may mention that it depends on the nature of the crime. Note: a debate should include an argument for and an argument against.</p> <p>3 marks for debate involving two sides with elaboration (e.g. supporting evidence) with full understanding. 2 marks for debate involving two sides with limited elaboration (e.g. supporting evidence) and limited understanding. 1 mark for vague presentation of one side, or limited outline of a debate.</p>	3
7(c)	<p>Suggest <u>one</u> reason why imprisonment does not work.</p> <p>Most likely:</p> <ol style="list-style-type: none"> 1. Prisons are 'too soft' and that an increase in the degree of unpleasantness of the prison environment would act to reduce reoffending. This myth is easily dispelled because the aversiveness of the prison environment (as measured by, for example, degree of overcrowding) does not seem to affect reoffending rates. In fact, <i>offenders who are released from overcrowded institutions appear to be more likely to reoffend</i> than those who have served their sentence in less crowded prisons (Farrington and Nutall 1980). 2. There is typically a long delay between an offence being committed and the offender being apprehended, brought to trial and subsequently imprisoned. 3. An offender may have acquired a number of immediate benefits from their crime, such as an increase in material wealth. Therefore, the short-term gains of crime may outweigh the more long-term negative consequences. <p><i>Any other appropriate disadvantage to receive credit.</i></p> <p>3 marks for clear and concise suggestion with full understanding. 2 marks suggestion with some understanding. 1 mark for vague suggestion.</p>	3

Section B		
Question	Answer	Marks
8(a)	<p>Describe what psychologists have learned about the psychological effects of crime.</p> <p>Theory:</p> <ul style="list-style-type: none"> • Measuring crime: The British Crime Survey (Home Office, 2007). • Fear of crime: Cultivation theory (Gerbner, 1973) and availability heuristic (Shrum, 1996). • Effects of Crime: Characteristics of post-traumatic stress disorder (DSM-IV). [Answers relating to DSM-V are also acceptable.] <p>Research:</p> <ul style="list-style-type: none"> • Crime in England and Wales 2006/2007: Summary of the main statistics. • Television News and the Cultivation of Fear of Crime (Romer et al. 2003). <p>Key study: Rubin, G. J., Brewin, C. R., Greenberg, N., Simpson, J. and Wessely, S. (2005) Psychological and behavioural reactions to the bombings in London on 7 July 2005.</p> <p>Applications: Treating post-traumatic stress disorder: Eye Movement Desensitization and Reprocessing (Shapiro, 2002) and Cognitive Behavioural Therapy.</p> <p><i>The question is a general, topic area question and so it is expected that candidates will show a wider knowledge of the topic area.</i></p>	12
8(b)	<p>Evaluate what psychologists have learned about the psychological effects of crime.</p> <p>Any appropriate evaluative point to receive credit.</p> <p><u>Evaluation of theory:</u> internal strengths and weaknesses; theoretical issues: reductionism, determinism, ethnocentrism. Supporting/contradicting evidence; Comparisons and contrasts with alternative theory.</p> <p><u>Evaluation of research:</u> strengths and weaknesses of methods, sample, controls, procedure. Evaluation of and comparisons and/or contrasts with alternative approaches.</p> <p><u>Evaluation of issues and debates:</u> Any relevant debate can be raised, such as objective versus subjective 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.</p> <p><i>The question is a general, topic area question and so it is expected that candidates will show evaluation of wider topic area.</i></p>	16

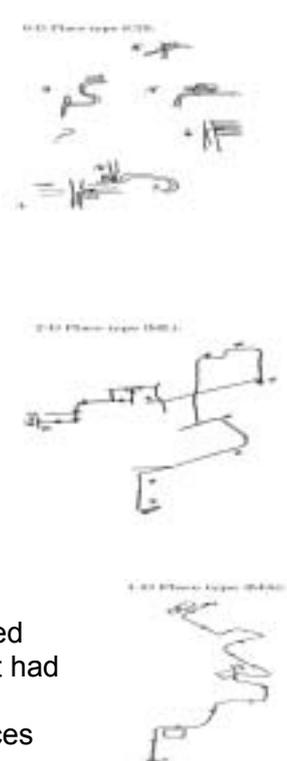
Question	Answer	Marks
9(a)	<p>Describe theory and research on the psychology of the jury.</p> <p>Theory:</p> <ul style="list-style-type: none"> • Characteristics of the defendant: attractiveness (e.g. Sigall and Ostrove, 1975) and race (e.g. Pfeifer and Ogloff, 1991). • Pre-trial publicity (Linz and Penrod, 1992). • Group polarisation (Moscovici and Zavalloni, 1969) and conformity (Asch). <p>Research: Reconstructing memory. The incredible eyewitness (Loftus, 1974). Racial bias in decisions made by mock jurors (Wuensch et al., 2002).</p> <p>Key study: Kassin, S. M. and Sommers, S. R. (1997). Inadmissible testimony, instructions to disregard, and the jury: Substantive versus procedural considerations. <i>Personality and Social Psychology Bulletin</i>.</p> <p>Applications: Juror Bias Scale (Kassin, 1983)</p> <p><i>Candidates should focus specifically on theory and research (as above) and this could include the Key Study. It should not include applications. Answers which focus exclusively on applications should receive no marks or ignored if part of a theory and research answer.</i></p>	12
9(b)	<p>Evaluate theory and research on the psychology of the jury.</p> <p>Any appropriate evaluative point to receive credit.</p> <p><u>Evaluation of theory:</u> internal strengths and weaknesses; theoretical issues: reductionism, determinism, ethnocentrism. Supporting/contradicting evidence; Comparisons and contrasts with alternative theory.</p> <p><u>Evaluation of research:</u> strengths and weaknesses of methods, sample, controls, procedure. Evaluation of and comparisons and/or contrasts with alternative approaches.</p> <p><u>Evaluation of issues and debates:</u> Any relevant debate can be raised, such as objective versus subjective 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.</p> <p><i>The question focuses on theory and research and so it is expected that candidates will show evaluation that can include the key study and/or the wider topic area.</i></p>	16

Section C		
Question	Answer	Marks
10(a)	<p>Farrington et al. believe that government policy should be to prevent the early onset of offending. For example, they believe that poor child-rearing can be improved by parent training.</p> <p>Using your knowledge of <u>one</u> psychological perspective, design a parent training programme that may improve child behaviour.</p> <p>In this question part candidates are free to suggest any way in which the assessment request could be investigated. Each answer should be considered individually as it applies to the mark scheme. As the question specifies a training programme, then that is what the answer must focus on.</p>	8
10(b)	<p>Explain the underlying psychological perspective on which your suggestion is based.</p> <p>In this question part candidates are expected to justify his or her decisions or evidence presented regarding the design made in answer to question part (a).</p> <p>Several components may be presented here (full marks can be gained for just one):</p> <ul style="list-style-type: none"> • Knowledge of methodology, or in this case a child rearing programme. • Knowledge of the Farrington et al. study • Knowledge of approaches to child rearing, the behaviourist (or any other) perspective. 	6

ENVIRONMENT

Section A		
Question	Answer	Marks
11(a)	<p>Contrast individuation with deindividuation.</p> <p>Research: Studies on individuation and deindividuation: laboratory (e.g. Zimbardo, 1969) and field studies (Diener et al., 1976). Johnson and Downing (1979) Social identity theory (Reicher 1984b St Pauls riots).</p> <p>Individuation: person can be identified and an individuated person acts rationally and consistently, in control of his or her behaviour.</p> <p>Deindividuation: nameless, anonymous, faceless (i.e. cannot be identified), personal responsibility is diminished, diffused and it is claimed (by Zimbardo), acts on unrestrained primitive impulses, engaging in rape, murder, theft and vandalism.</p> <p>3 marks Contrast is appropriate (both sides contrasted); shows good understanding and at least two features are mentioned. 2 marks Contrast is appropriate (both sides contrasted), some understanding with one or more features mentioned. 1 mark Both sides are described but are not contrasted or compared.</p>	3
11(b)	<p>Briefly describe the laboratory study by Zimbardo which showed the negative effects of deindividuation.</p> <p>Research: Studies on individuation and deindividuation: laboratory (e.g. Zimbardo, 1969 and field studies Diener et al., 1976). Johnson and Downing (1979) Social identity theory (Reicher 1984b St Pauls riots).</p> <p>Most likely: Zimbardo (1969) individuated female participants: welcomed by name, name badge and known to experimenter. Half deindividuated by being dressed in spotted paper bags, no name, badge, etc. Later could give electric shocks to experimenter. Deindividuated gave shocks for twice as long as those individuated.</p> <p>3 marks for clear and concise description of study with full understanding. 2 marks description of study with some understanding. 1 mark for vague description of study.</p>	3

Question	Answer	Marks
11(c)	<p>Using an example, suggest how individuation can be <u>increased</u> in real-life.</p> <p>Most likely (<i>other appropriate answers to receive credit</i>): Individuating people such as not wearing hoodies and use of CCTV. Candidates may also refer to the work of Newman (1976) and ‘opportunities for surveillance’.</p> <p>3 marks Suggestion is appropriate, shows good understanding and relevant psychological knowledge. 2 marks Suggestions appropriate but basic and lacking detail. Some understanding. 1 mark Suggestions basic with little elaboration or understanding.</p>	3

Question	Answer	Marks
12(a)	<p>The key study by Aginsky et al. required participants to draw sketch maps.</p> <p>Sketch and describe <u>one</u> of the three types of sketch map produced by participants.</p> <p>From the study:</p> <p>0-D Place type. (19% of subjects). Isolated accurately each with some local spatial structure. Places often include information for their recognition.</p> <p>1-D Place type. (50% of subjects). Places that had been encountered sequentially are explicitly connected but there is little global structure. Places tend to be enlarged; straight sections often merely connect successive places. Sometimes successive places are not in the right order.</p> <p>2-D Place type. (31% of subjects). Places that had been encountered sequentially are connected; some of the places that had not been encountered in sequence are connected spatially. Route segment lengths are accurate. Places tend not to be enlarged.</p> <p>1 mark for accurate sketch and 1 mark for each correct feature for one type. ‘type 0–D’ = 1 mark, etc.</p> 	3

Question	Answer	Marks
12(b)	<p>Briefly discuss the value of sketch maps when researching environmental cognition.</p> <p>Quote from the article: The sketch map is used to externalize a subject's mental representation or knowledge of the spatial layout of some part of the environment. As such, one must be concerned to what extent sketch maps merely reflect a subject's drawing ability rather than spatial knowledge. A study comparing the accuracy of sketch maps of home floor plans with artistic ability in adults found only a very weak correlation (Rothwell, 1976, as quoted by Evans, 1980). Moore (1976) found that sketch maps of high school students are quite reliable, that independent judges could reliably classify these sketch maps to one of three levels (see below), and that this classification was stable over time (subjects drew a second map after one month). Furthermore, sketch map level correlated significantly with performance on various verbal way-finding tasks, suggesting that the sketch maps reflected spatial knowledge. Given these results, we believe that sketch maps were a reasonable way of evaluating a subject's spatial knowledge in our study.</p> <p>3 marks Discussion has argument/evidence for both sides and shows good understanding 2 marks Discussion has limited argument/evidence for both sides and shows some understanding 1 mark Argument/evidence for one side only.</p>	3
12(c)	<p>Describe the types of sketch map outlined by Lynch.</p> <p>Lynch (1960) work in Boston, Jersey City and Los Angeles. He asked people to provide a sketch map of an area and found five common elements:</p> <ul style="list-style-type: none"> • Paths: roads, walkways, rivers (i.e. routes for travel); • Edges: non-travelled lines e.g. fences, walls; • Districts: larger spaces, areas; • Nodes: places, junctions, crossroads, intersections where people meet; • Landmarks: distinctive places people use for reference points e.g. tallest building, statue, etc. <p>3 marks for three (or more) identified and outlined. 2 marks for three (or more) identified. 1 mark for one or two with little or no expansion.</p>	3

Section B		
Question	Answer	Marks
13(a)	<p>Describe the key study by Drury et al. on emergency behaviour.</p> <p>Abstract <i>Crowd behaviour in emergencies has previously been explained in terms of either 'mass panic' or strength of pre-existing social bonds. The present paper reports results from a study comparing high- versus low-identification emergency mass emergency survivors to test the interlinked claims (1) that shared identity in an emergency crowd enhances expressions of solidarity and reduces 'panic' behaviour and (2) that such a shared identity can arise from the shared experience of the emergency itself. Qualitative and descriptive quantitative analyses were carried out on interviews with 21 survivors of 11 emergencies. The analysis broadly supports these two claims. The study therefore points to the usefulness of a new approach to mass emergency behaviour, based on self-categorization theory (SCT).</i></p> <p><i>The question is a specific 'key study' question and so it is expected that candidates will focus specifically on the key study. Contextualising the study at the beginning is creditworthy as is any 'explore more' that a candidate may include showing how the key study itself has been extended.</i></p>	12
13(b)	<p>Evaluate the key study by Drury et al. on emergency behaviour.</p> <p>Any appropriate evaluative point to receive credit.</p> <p><u>Evaluation of theory:</u> internal strengths and weaknesses; theoretical issues: reductionism, determinism, ethnocentrism. Supporting/contradicting evidence; Comparisons and contrasts with alternative theory.</p> <p><u>Evaluation of research:</u> strengths and weaknesses of methods, sample, controls, procedure. Evaluation of and comparisons and/or contrasts with alternative approaches.</p> <p><u>Evaluation of issues and debates:</u> Any relevant debate can be raised, such as objective versus subjective 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.</p> <p><i>The question is a specific 'key study' question and so it is expected that candidates will focus evaluation specifically on the key study. Credit can also be given for evaluation of contextualisation of the study and any 'explore more'.</i></p>	16

Question	Answer	Marks
14(a)	<p>Describe theory and applications of the positive benefits of music.</p> <p>Key study: North, A. C., Shilcock, A. and Hargreaves, D. J. (2003) The Effect of Musical Style on Restaurant Customers' Spending. <i>Environment and Behaviour</i>, 35, 712. Abstract: http://eab.sagepub.com/cgi/content/abstract/35/5/712</p> <p>Applications: Positive benefits of music: on health (Chafin 2004); on performance (the Mozart effect) and on consumer behaviour (North et al. 2003) <i>Candidates should focus specifically on theory and applications (as above) and this could include the Key Study because it is research on the positive benefits of music on consumer behaviour. No credit can be given for research into negative impact of noise.</i></p>	12
14(b)	<p>Evaluate theory and applications of the positive benefits of music.</p> <p>Any appropriate evaluative point to receive credit.</p> <p><u>Evaluation of theory:</u> internal strengths and weaknesses; theoretical issues: reductionism, determinism, ethnocentrism. Supporting/contradicting evidence; Comparisons and contrasts with alternative theory.</p> <p><u>Evaluation of research (the key study only):</u> strengths and weaknesses of methods, sample, controls, procedure. Evaluation of and comparisons and/or contrasts with alternative approaches.</p> <p><u>Evaluation of issues and debates:</u> Any relevant debate can be raised, such as objective versus subjective 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.</p> <p><i>The question focuses on theory and applications and so it is expected that candidates will show evaluation that can include the key study and/or the wider topic area.</i></p>	16

Section C		
Question	Answer	Marks
15(a)	<p>A recent news article asked the question 'Does train over-crowding pose serious dangers?' It may or it may not, but psychologists design studies to test research questions. You decide to conduct a field experiment.</p> <p>Using your knowledge of psychology, design a field experiment to find out whether train over-crowding causes serious danger.</p> <p>In this question part candidates are either directed to design a study based on a named method or are free to suggest any way in which the assessment request could be investigated. Each answer should be considered individually as it applies to the mark scheme. As the question specifies a field experiment then the basics of IV, DV, controls and possibly design should be included.</p>	8
15(b)	<p>Explain the evidence on which your study is based.</p> <p>In this question part candidates are expected to justify his or her decisions or evidence presented regarding the design made in answer to question part (a).</p> <p>Two components may be presented here (full marks can be gained for just one):</p> <ul style="list-style-type: none"> • Knowledge of methodology, specifically that of the experimental method. • Knowledge of the Key Application by Evans and Wener. • Knowledge of how the experience of crowding can be reduced. 	6

HEALTH

Section A		
Question	Answer	Marks
16(a)	<p>The study by Savage and Armstrong explored directing and sharing styles of consultation.</p> <p>The study used random allocation. Describe the term ‘random allocation’ using an example from the study.</p> <p>Most likely answers: Random allocation is done by giving each participant a 50/50 chance of being in either condition. Quote from the study:</p> <p><i>A set of cards was produced to allocate randomly either a directing or a shared style, and these were kept face down on the doctor's desk. The card that allocated the style was turned over only when the patient had completed his or her description of the initial problem and had been identified as suitable for entry to the study. Advice and treatment were then given in the allocated style.</i></p> <p>3 marks Description of random allocation is clear and accurate. Example is appropriate. 2 marks Description of random allocation lacking detail or understanding. Example present. 1 mark Description of random allocation vague and inaccurate. No or incorrect example.</p>	3
16(b)	<p>Outline <u>one</u> clinical situation in which a directing style of consultation led to <u>more</u> patient satisfaction and <u>two</u> clinical situations in which a directing style of consultation made no significant difference to patient satisfaction.</p> <p>Most likely answers: It was a clear benefit for those patients whom:</p> <ul style="list-style-type: none"> • the general practitioner thought had mainly physical problems • those who received a prescription • those patients who had rarely attended surgery • those for whom medicine had failed • those who had a psychosocial component <p>A directing style did not seem to give greater satisfaction:</p> <ul style="list-style-type: none"> • in longer consultations • those in which advice was the main treatment • for those patients whom the doctor judged to have a chronic illness • for patients who judged themselves to have a psychological illness. <p>Mark 1 mark for each correct situation identified.</p>	3

Question	Answer	Marks
16(c)	<p>Give <u>three</u> reasons why the sample reduced from 359 to 200.</p> <p>Quoting from the study: <i>359 patients were invited to take part in the study. Of these,</i></p> <ul style="list-style-type: none"> • <i>four declined to participate</i> • <i>five were excluded (three had schizophrenia, one had manic depression, and one was a mentally subnormal adult subject to a court protection order)</i> • <i>thirty patients failed to complete the initial assessment</i> • <i>120 failed to complete the assessment a week later.</i> <p>1 mark for each correct reason.</p>	3

Question	Answer	Marks
17(a)	<p>From the study by DiMatteo et al. on patient adherence:</p> <p>Describe what is meant by a meta-analysis.</p> <p>Most likely: A meta-analysis is a method (or statistical technique) designed to contrast and combine results from different methods of data collection, in the hope of identifying patterns among study results. Quote from study (could be used as part of description): <i>Comprehensive search of published literature (1948–2005) yielding 116 articles, with 143 separate effect sizes. Calculation of robust, generalizable random effects model statistics, and detailed examination of study diversity with moderator analyses.</i></p> <p>3 marks for correct description of meta-analysis which is detailed and shows understanding of term. 2 marks for correct description of meta-analysis which is lacking detail and shows some understanding. 1 mark for vague outline of meta-analysis which is lacking detail and understanding.</p>	3
17(b)	<p>Suggest <u>three</u> limitations of meta-analysis.</p> <p>Most likely:</p> <ul style="list-style-type: none"> • Data is correlational so cannot assume cause and effect. • No control over the quality of the research being analysed. • There may be publication bias: studies with positive results are published, those with negative results are not. • Researchers choose studies which may support their hypotheses rather than including all studies. • Studies may be missed. <p>1 mark for each correct limitation, however basic.</p>	3

Question	Answer	Marks
17(c)	<p>The study had five exclusion criteria. Identify <u>one</u> criterion and suggest why it was an advantage to implement this exclusion.</p> <p>Most likely:</p> <ol style="list-style-type: none"> 1. Samples of alcoholic, drug-abusing, homeless, or psychiatric patients/regimens/practitioners (subject of future meta-analytic treatment. <i>Excluded because of additional variables difficult to control.</i> 2. Institutionalised patients or military personnel. <i>Excluded because of additional variables difficult to control.</i> 3. Studies of adherence to community-based programs, such as for screening, vaccination, exercise, weight loss, that were not medically prescribed (subject of past reviews and meta-analytic treatment; beyond the scope of the present study); <i>Excluded because different criteria being studied; too wide range for this study.</i> 4. Studies of interventions designed to increase patient adherence. <i>Focus on improving rather than not adhering.</i> 5. Case studies <i>Limited sample size and problems in generalising.</i> <p>3 marks for identification plus detailed suggestion with good understanding. 2 marks for identification plus brief suggestion with limited understanding. 1 mark for identifying one correct criterion.</p>	3

Section B		
Question	Answer	Marks
18(a)	<p>Describe the key study by McVey and Stapleton on anti-smoking television advertising.</p> <p>Abstract</p> <p>Objectives—To evaluate the effectiveness of the Health Education Authority for England’s anti-smoking television advertising campaign in motivating smokers to give up and preventing relapse in those who had already given up. Design—A prospective, controlled trial was conducted in four TV regions in Central and northern England. One region received no intervention (controls), two regions received TV anti-smoking advertising (TV media), and one region received TV anti-smoking advertising plus locally organised anti-tobacco campaigning (TV media + LTCN). The TV advertisements were screened in two phases over 18 months; during the first phase the intensity of the advertising was varied between TV regions. 5468 men and women (2997 smokers, 2471 ex-smokers) were selected by two stage random sampling and interviewed before the intervention, of whom 3610 were re interviewed six months later, after the first phase of the campaign. Only those interviewed at six months were followed to the main end point at 18 months when 2381 subjects were re-interviewed. Main outcome measures—Self reports of cigarette smoking at the 18 month follow up were compared between the three levels of intervention. Odds ratios for intervention effects were adjusted for pre intervention predictors of outcome and pooled for smokers and ex-smokers using meta-analytic methods. Results—After 18 months, 9.8% of successfully re-interviewed smokers had stopped and 4.3% of ex-smokers had relapsed. The pooled adjusted odds ratio for not smoking in the TV media only condition compared to controls was 1.53. There was no evidence of an extra effect of the local tobacco control network when combined with TV media. There was also no evidence of any intervention effects after the first phase of the TV media campaign, including no effect of varying the intensity of the advertising during this initial phase. Applying these results to a typical population where 28% smoke and 28% are ex-smokers, and where there would be an equal number of quitters and relapsers over an 18 month period without the campaign, suggests that the campaign would reduce smoking prevalence by about 1.2%. Conclusions—The Health Education Authority for England’s anti-smoking TV campaign was effective in reducing smoking prevalence through encouraging smokers to stop and helping prevent relapse in those who had already stopped. The lack of an effect after the first phase of the campaign indicates that if advertising at this intensity is to have an impact, a prolonged campaign is necessary. These results support the UK governments’ recent decision to fund similar campaigns, and suggests that anti-smoking TV advertising should be undertaken routinely as an essential component of any population smoking reduction strategy. Reducing smoking prevalence would make a substantial contribution to achieving the UK government’s target of preventing 300 000 cancer and heart disease deaths over the next 10 years.</p> <p>The question is a specific ‘key study’ question and so it is expected that candidates will focus specifically on the key study. Contextualising the study at the beginning is creditworthy as is any ‘explore more’ that a candidate may include showing how the key study itself has been extended.</p>	12

Question	Answer	Marks
18(b)	<p>Evaluate the key study by McVey and Stapleton on anti-smoking television advertising.</p> <p>Any appropriate evaluative point to receive credit.</p> <p><u>Evaluation of theory:</u> internal strengths and weaknesses; theoretical issues: reductionism, determinism, ethnocentrism. Supporting/contradicting evidence; Comparisons and contrasts with alternative theory.</p> <p><u>Evaluation of research:</u> strengths and weaknesses of methods, sample, controls, procedure. Evaluation of and comparisons and/or contrasts with alternative approaches.</p> <p><u>Evaluation of issues and debates:</u> Any relevant debate can be raised, such as objective versus subjective 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.</p> <p><i>The question is a specific ‘key study’ question and so it is expected that candidates will focus evaluation specifically on the key study. Credit can also be given for evaluation of contextualisation of the study and any ‘explore more’.</i></p>	16

Question	Answer	Marks
19(a)	<p>Describe how stress has been measured and how stress has been managed.</p> <p>Theory: Definitions of stress. Physiology of stress. The GAS (Selye, 1956). The effect of stress on health.</p> <p>Research: Stress measurement techniques:</p> <ul style="list-style-type: none"> • Physiological by blood pressure (Jamner, 1991). • Psychological by questionnaire: (Holmes and Rahe, 1967; Friedman and Rosenman, 1974). <p>Key study: Bridge, L. R., Benson, P., Pietroni, P. C. and Priest, R. G. (1988) Relaxation and imagery in the treatment of breast cancer. British Medical Journal, 1988 November 5, 297(6657), 1169–1172.</p> <p>Applications:</p> <ul style="list-style-type: none"> • Managing stress: relaxation and imagery (Bridge et al., 1987). • Preventing stress: stress inoculation training (Meichenbaum, 1985). <p><i>Candidates should focus specifically on measuring and managing stress as above. This could also include the Key Study because it is about stress management. Answers could also include the applications because they also focus on stress management. Answers including theory should receive no credit.</i></p>	12
19(b)	<p>Evaluate how stress has been measured and how stress has been managed.</p> <p>Any appropriate evaluative point to receive credit.</p> <p><u>Evaluation of research:</u> strengths and weaknesses of methods, sample, controls, procedure. Evaluation of and comparisons and/or contrasts with alternative approaches.</p> <p><u>Evaluation of issues and debates:</u> Any relevant debate can be raised, such as objective versus subjective 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.</p> <p><i>The question focuses on measuring and managing stress and so it is expected that candidates will show evaluation that can include the key study and/or the wider topic area.</i></p>	16

Section C		
Question	Answer	Marks
20(a)	<p>One cognitive pain management technique is non-pain imagery and for young children this might be to think of their favourite toy rather than the pain they are in.</p> <p>Using your knowledge of psychology suggest how you would assess the effectiveness of non-pain imagery in children.</p> <p>In this question part candidates are either directed to design a study based on a named method or are free to suggest any way in which the assessment request could be investigated. Each answer should be considered individually as it applies to the mark scheme. As the question does not specify a particular method, the candidate can choose an experiment, observation, self-report or any other appropriate method.</p>	8
20(b)	<p>Explain the evidence on which your suggestion is based.</p> <p>In this question part candidates are expected to justify his or her decisions or evidence presented regarding the design made in answer to question part (a).</p> <p>Two components may be presented here (full marks can be gained for just one):</p> <ul style="list-style-type: none"> • Knowledge of methodology appropriate to the suggested method. • Knowledge of pain management techniques. 	6

SPORT

Section A		
Question	Answer	Marks
21(a)	<p>From the study by Moore et al. on spectator aggression:</p> <p>Describe the sample of participants and how they were selected.</p> <p>From the article: <i>Two hundred and two male sports fans (mean age = 39.97 years, SD = 15.08) volunteered to participate, 115 before matches and 87 after matches. Potential participants were approached at random at the main entrance to the Millennium Stadium complex in Cardiff, Wales, the venue for many international rugby football matches, where all five matches were played.</i></p> <p>3 marks for accurate and detailed description of both sample and selection. 2 marks for accurate but partial description of both sample and selection. 1 mark for vague description of either sample or selection.</p>	3
21(b)	<p>Suggest <u>one</u> way in which the sample selection in this study may have been biased.</p> <p>From the article: <i>Our study did not take account of potential sampling biases. Surveys of aggressive and/or intoxicated people are prone to self-selection; for example, surveyors may avoid more aggressive or drunk-looking people. Similarly, sober or antisocial people may not wish to participate. Such sampling biases can seriously distort inferences and should be taken into account (e.g. Heckman, 1979; Perham et al., 2007). The study employed a between-subject design through assessing the effect of match outcome by comparing post-match groups defined by the match outcome with a baseline group drawn from pre-match spectators across all matches.</i></p> <p>3 marks for appropriately detailed suggestion related to the study with understanding 2 marks for appropriate suggestion related to the study with some understanding 1 mark for vague suggestion with no example; or example with no explicit bias statement.</p>	3

Question	Answer	Marks
21(c)	<p>Suggest <u>one</u> further methodological limitation of the study.</p> <p>Most likely (<i>any other appropriate limitation receives credit</i>):</p> <ul style="list-style-type: none"> • The study used self-ratings and statement of intent which may be prone to demand characteristics or social desirability. • The study employed a between-subject design through assessing the effect of match outcome by comparing post-match groups defined by the match outcome with a baseline group drawn from pre-match spectators across all matches. <p>3 marks for appropriate limitation that is detailed and shows good understanding. 2 marks for limitation with some understanding. 1 mark for basic comment with little or no understanding.</p>	3

Question	Answer	Marks
22(a)	<p>The study by Kajtna et al. focuses on models of personality.</p> <p>Define and describe the characteristics of a ‘personality trait’.</p> <p>From the article: <i>Personality trait “a consistent pattern of thinking, feeling and acting, that differs between people themselves” Johnson (1997). This definition includes some important characteristics: they can be used to compare people, and help explain consistent behaviour patterns. There are two types of traits: external that can be directly observed (aka behavioural or fenotypical traits) and internal traits (emotional and cognitive or genotypical traits).</i></p> <p>3 marks appropriate definition and detailed description of traits with understanding. 2 marks vague definition and description of traits with some understanding. 1 mark poor or absent definition or some description of traits with limited understanding.</p>	3

Question	Answer	Marks
22(b)	<p>Contrast the two Big Five models outlined by Kajtna.</p> <p>Quoting from the article: <i>The first author to extract five factors was Donald Fiske. Tupes and Christal reanalysed his data and found five strong recurring factors called surgency (assertive talkativeness), acceptability, dependency, emotional stability and culture. This was the first set to be called the Big Five.</i> <i>A separate investigative programme by McCrae and Costa identified a Big Five model on the basis of personality questions rather than single words. They named their factors neuroticism, extraversion, acceptability, conscientiousness and openness.</i> <i>One of them is based on the lexographical approach and the other on the factor approach of personality questionnaires.</i></p> <p>3 marks Concise and explicit contrast (where both sides are clearly presented) with understanding. 2 marks Explicit contrast with some understanding. 1 mark Description of one model and description of second model without explicit contrast.</p>	3
22(c)	<p>Define and describe the characteristics of a 'high risk sport'.</p> <p>Most likely:</p> <ul style="list-style-type: none"> • Breivik (1995) “any sport, where one has to accept a possibility of severe injury or death as an inherent part of the activity” • Includes any sport which is ‘extreme’ or ‘adrenaline’. Also includes sensation seeking. • Can also include some of the Big Five characteristics such as introverted, independent, individualistic, and rejecting of norms, • Examples acceptable (but only 1 mark): downhill skiing, sky diving, paragliding, downhill mountain biking, speleology, free-style snowboarding, motocross, car racing, speedboat racing, white-water kayaking, diving, ski-jumping. <p>3 marks for definition, detailed description with understanding and possibly with examples. 2 marks for definition, description with some understanding and possibly with examples. 1 mark for vague definition or description or examples with little understanding. Note: no more than 1 mark in total for examples only.</p>	3

Section B		
Question	Answer	Marks
23(a)	<p>Describe the key study by McAuley et al. on measuring causal attributions.</p> <p>Abstract: <i>Although attribution theory continues to be a fertile area of social psychological research, much of the extant literature has suffered from questionable measurement of the constructs of interest. This is especially true in the case of assigning causal attributions placement in theorized dimensional space. Russell's (1982) Causal Dimension Scale represented an important development toward more precise measurement of causal dimensions; however, it has been criticised on a number of fronts. The present report presents the rationale for and initial psychometric properties of a revised version of the scale, the CDSII. Employing data from four studies, a confirmatory factor analysis is reported examining the goodness of fit of the hypothesized four factor oblique structure to the data. The results are discussed in terms of possible applications of the CDSII and the need for further validity testing.</i></p> <p><i>The question is a specific 'key study' question and so it is expected that candidates will focus specifically on the key study. Contextualising the study at the beginning is creditworthy as is any 'explore more' that a candidate may include showing how the key study itself has been extended.</i></p>	12
23(b)	<p>Evaluate the key study by McAuley et al. on measuring causal attributions.</p> <p>Any appropriate evaluative point to receive credit.</p> <p><u>Evaluation of theory:</u> internal strengths and weaknesses; theoretical issues: reductionism, determinism, ethnocentrism. Supporting/contradicting evidence; Comparisons and contrasts with alternative theory.</p> <p><u>Evaluation of research:</u> strengths and weaknesses of methods, sample, controls, procedure. Evaluation of and comparisons and/or contrasts with alternative approaches.</p> <p><u>Evaluation of issues and debates:</u> Any relevant debate can be raised, such as objective versus subjective 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.</p> <p><i>The question is a specific 'key study' question and so it is expected that candidates will focus evaluation specifically on the key study. Credit can also be given for evaluation of contextualisation of the study and any 'explore more'.</i></p>	16

Question	Answer	Marks
24(a)	<p>Describe what psychologists have found about anxiety and sport performance.</p> <p>Theory:</p> <ul style="list-style-type: none"> • The catastrophe model (Fazey and Hardy, 1988). • Zones of optimal functioning (Hanin, 1968). • Reversal theory (Apter, 1982). <p>Research: Competition anxiety (Martens, 1977). Measures of competition anxiety: SCAT and CSAI-2 (Martens, 1977, 1990).</p> <p>Key study: Davis, J. E. and Cox, R. H. (2002) Interpreting Direction of Anxiety Within Hanin's Individual Zone of Optimal Functioning. <i>Journal of Applied Sport Psychology</i>, 14, 43–52.</p> <p>Applications: Anxiety management: Suinn's VMBR (Suinn, 1972)</p> <p><i>The question is a general, topic area question and so it is expected that candidates will show a wider knowledge of the topic area.</i></p>	12
24(b)	<p>Evaluate what psychologists have found about anxiety and sport performance.</p> <p>Any appropriate evaluative point to receive credit.</p> <p><u>Evaluation of theory:</u> internal strengths and weaknesses; theoretical issues: reductionism, determinism, ethnocentrism. Supporting/contradicting evidence; Comparisons and contrasts with alternative theory.</p> <p><u>Evaluation of research:</u> strengths and weaknesses of methods, sample, controls, procedure. Evaluation of and comparisons and/or contrasts with alternative approaches.</p> <p><u>Evaluation of issues and debates:</u> Any relevant debate can be raised, such as objective versus subjective 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.</p> <p><i>The question is a general, topic area question and so it is expected that candidates will show evaluation of wider topic area.</i></p>	16

Section C		
Question	Answer	Marks
25(a)	<p>The key study by Waters and Lovell on homefield advantage in English soccer players ends with the comment that players' performances on the pitch in home and away situations need to be examined.</p> <p>Using your knowledge of psychology, design a study to investigate player's performances on the pitch in home and away games.</p> <p>In this question part candidates are either directed to design a study based on a named method or are free to suggest any way in which the assessment request could be investigated. Each answer should be considered individually as it applies to the mark scheme. As the question does not specify a particular method, the candidate can choose an experiment, observation, self-report or any other appropriate method.</p>	8
25(b)	<p>Explain the methodological decisions on which your study is based.</p> <p>In this question part candidates are expected to justify his or her decisions or evidence presented regarding the design made in answer to question part (a).</p> <p>Two components may be presented here (full marks can be gained for just one):</p> <ul style="list-style-type: none"> • Knowledge of methodology, that appropriate to the method chosen. • Knowledge of the key study on home-field advantage. 	6