



PSYCHOLOGY

9773/03

Paper 3 Key Applications

May/June 2018

MARK SCHEME

Maximum Mark: 120

Published

This mark scheme is published as an aid to teachers and candidates, to indicate the requirements of the examination. It shows the basis on which Examiners were instructed to award marks. It does not indicate the details of the discussions that took place at an Examiners' meeting before marking began, which would have considered the acceptability of alternative answers.

Mark schemes should be read in conjunction with the question paper and the Principal Examiner Report for Teachers.

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This document consists of **42** printed pages.

Generic Marking Principles

These general marking principles must be applied by all examiners when marking candidate answers. They should be applied alongside the specific content of the mark scheme or generic level descriptors for a question. Each question paper and mark scheme will also comply with these marking principles.

GENERIC MARKING PRINCIPLE 1:

Marks must be awarded in line with:

- the specific content of the mark scheme or the generic level descriptors for the question
- the specific skills defined in the mark scheme or in the generic level descriptors for the question
- the standard of response required by a candidate as exemplified by the standardisation scripts.

GENERIC MARKING PRINCIPLE 2:

Marks awarded are always **whole marks** (not half marks, or other fractions).

GENERIC MARKING PRINCIPLE 3:

Marks must be awarded **positively**:

- marks are awarded for correct/valid answers, as defined in the mark scheme. However, credit is given for valid answers which go beyond the scope of the syllabus and mark scheme, referring to your Team Leader as appropriate
- marks are awarded when candidates clearly demonstrate what they know and can do
- marks are not deducted for errors
- marks are not deducted for omissions
- answers should only be judged on the quality of spelling, punctuation and grammar when these features are specifically assessed by the question as indicated by the mark scheme. The meaning, however, should be unambiguous.

GENERIC MARKING PRINCIPLE 4:

Rules must be applied consistently e.g. in situations where candidates have not followed instructions or in the application of generic level descriptors.

GENERIC MARKING PRINCIPLE 5:

Marks should be awarded using the full range of marks defined in the mark scheme for the question (however; the use of the full mark range may be limited according to the quality of the candidate responses seen).

GENERIC MARKING PRINCIPLE 6:

Marks awarded are based solely on the requirements as defined in the mark scheme. Marks should not be awarded with grade thresholds or grade descriptors in mind.

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)	
This mark scheme applies to questions 3 and 4, 8 and 9, 13 and 14, 18 and 19, 23 and 24	AO1 = 12
<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
<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> <ol style="list-style-type: none"> 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. 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. 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. 	

SECTION B question part (b)	
This mark scheme applies to questions 3 and 4, 8 and 9, 13 and 14, 18 and 19, 23 and 24	
<p>Any appropriate evaluative point to receive credit. Most likely: <u>Evaluation of theory:</u> internal strengths and weaknesses; theoretical issues: reductionism, determinism, ethnocentrism. Supporting/contradicting evidence; Comparisons and contrasts with alternative theory. <u>Evaluation of research:</u> strengths and weaknesses of methods, sample, controls, procedure. Evaluation of and comparisons and/or contrasts with alternative approaches. <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>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.</p>	13–16
<p>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.</p>	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	
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.	
<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. Description of applied knowledge is mainly inaccurate, lacks coherence and lacks detail. 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	
<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. Description of knowledge is accurate, coherent and detailed. Use of terms is accurate and use of psychological terminology is comprehensive. Understanding (such as elaboration, use of example, quality of description) is very good. The issue is effectively explained in relation to the topic area.</p>	5–6
<p>Quality of explanation and depth of argument is competent. Description of knowledge is mainly accurate, coherent and reasonably detailed. Use of terms is mainly accurate and use of psychological terminology is competent. Understanding (such as elaboration, use of example, quality of description) is good. The issue is adequately explained in relation to the topic area.</p>	3–4
<p>Quality of explanation and depth of argument is poor. Description of knowledge is often accurate, generally coherent but lacks detail. Use of terms is basic and use of psychological terminology is adequate. Understanding (such as elaboration, use of example, quality of description) is poor. The issue is poorly explained in relation to the topic area.</p>	1–2
No or irrelevant answer.	0

Question	Answer	Marks
PSYCHOLOGY AND ABNORMALITY		
SECTION A		
1(a)	<p>Describe <u>one</u> impulse control disorder.</p> <p>The syllabus lists three impulse control disorders: kleptomania, pyromania and pathological gambling. However, any other impulse control disorder could be described, such as intermittent explosive disorder, compulsive shopping, internet addiction, etc.</p> <p>Candidates should describe the main features. For example, pyromania is where a person has to deliberately start fires (and often to watch the fire or emergency services). Before setting the fire, the person must have felt some feelings of tension or arousal, must show that attraction to fire, must feel a sense of relief or satisfaction from setting the fire and witnessing it, and does not have other motives for setting the fire.</p> <p>3 marks for accurate and detailed description of one impulse control disorder with understanding. 2 marks for accurate description of one impulse control disorder with some understanding. 1 mark for vague description of one impulse control disorder with little or no understanding.</p>	3

Question	Answer	Marks
1(b)	<p>Describe <u>one</u> treatment for the impulse control disorder described in (a).</p> <p>Syllabus: Research: Treatment of Kleptomania Using Cognitive and Behavioral Strategies (Kohn and Antonuccio, 2002). Internet Gambling (Griffiths, 2002). Applications: Treatments for impulse control disorders: Psychotherapy, behavioural modification and drug Therapy.</p> <p>Most likely: Biological treatments such selective serotonin reuptake inhibitors (SSRIs) are used to treat pyromania, kleptomania and sometimes gambling. The psychodynamic approach addresses the underlying problems that generated the negative emotions causing the mania. Treatment appears to work in 95% of children who exhibit signs of pyromania for example. There are cognitive-behavioural treatments for impulse control disorders. Covert sensitisation involves the person imagining associating an aversive stimulus with the impulsive behaviour e.g. Glover (2011). Kohn and Antonuccio (2002) used kleptomania-specific covert sensitisation successfully. Imaginal desensitisation involves teaching progressive muscle relaxation and then the person visualises themselves being exposed to the situation that triggers the drive to carry out the impulsive behaviour. Blaszcznski and Nower (2003) found this technique was particularly effective with gamblers.</p> <p>3 marks for accurate and detailed description of one treatment with understanding. 2 marks for accurate description of one treatment with some understanding. 1 mark for vague description of one treatment with little or no understanding.</p>	3
1(c)	<p>Contrast the treatment described in (b) with an alternative treatment.</p> <p>Most likely: Details of treatments described as above. Contrast is likely to be based on assumptions underlying treatment i.e. biological, behavioural and psychodynamic.</p> <p>3 marks: explicit contrast with supporting evidence/examples and good understanding. 2 marks: explicit contrast possibly with supporting example(s) but with limited understanding. 1 mark: Description of alternative treatment with no explicit contrast.</p>	3

Question	Answer	Marks
SECTION A		
2(a)	<p>Summarise the case study by Venn on psychogenic fugue.</p> <p>Quoting directly from the article: A psychogenic fugue lasting six days occurred in a 15-year-old girl living with her mother, sister, and stepfather. The fugue was of the most complete type — the patient assumed a new identity; spoke a foreign language she had studied in school; ‘regressed’ to an earlier period in history; radically altered her dress and grooming; and showed skills, interests, and personality features she had not shown before. Although accounts of fugues are rare and often sketchy, the present case is unique in the amount of detail that was available. The argument between situational and psychodynamic interpretations of fugue is reviewed briefly, and a family systems interpretation of the present case is offered.</p> <p>3 marks for clear and concise description of case study with full understanding. 2 marks description with some understanding. 1 mark for vague description.</p>	3
2(b)	<p>Give <u>one</u> reason why it is difficult to generalise from case studies of depersonalisation.</p> <p>Most likely:</p> <ul style="list-style-type: none"> • Case studies rarely produce enough quantitative data for statistical testing; • Case studies sometimes involve quite an intense relationship between the researcher and the participant, they may lack objectivity; the researcher may become too involved and may alter the natural course of the participant’s life events and experiences. • There may be only one participant (or very few) involved, and so any conclusions cannot be generalised to other people. • The participant may be unique and possibly ‘not normal’ in some way. <p>Examples can be that by Venn of ‘no-name’ above; it can be from any topic area of abnormal psychology.</p> <p>3 marks: for appropriate reason with elaboration and linked to case studies of depersonalisation 2 marks: for appropriate reason linked to case studies of depersonalisation 1 mark: for vague reason only or example only.</p>	3

Question	Answer	Marks
2(c)	<p>Using examples, suggest why case studies are useful.</p> <p>Most likely:</p> <ul style="list-style-type: none">• There are some circumstances where it is impossible to have a large number of participants; rare or unique behaviours can be studied in detail.• Participants are often studied over a period of time, so developmental changes can be recorded.• The sample <i>may</i> be self-selecting, which means that the participants are not chosen by the researchers.• The data gathered may be rich and detailed. <p>3 marks: for appropriate reason with elaboration, understanding and relevant example. 2 marks: for appropriate reason and relevant example. 1 mark: for vague reason only or example only.</p>	3

Question	Answer	Marks
SECTION B		
3(a)	<p>Describe the key study by Ahn et al. on beliefs about essences and mental disorder.</p> <p>Abstract: Do people believe mental disorders are real and possess underlying essences? The current study found that both novices and practicing clinicians held weaker essentialist beliefs about mental disorders than about medical disorders. They were also unwilling to endorse the idea that mental disorders are real and natural. Furthermore, compared with novices, mental health clinicians were less likely to endorse the view that there is a shared cause underlying a mental disorder and that one needs to remove the cause to get rid of the mental disorder. Clinicians were polarised on their views about whether mental disorders are categorical or dimensional. These findings reflect current controversies about mental disorders in the field at large.</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
3(b)	<p>Evaluate the key study by Ahn et al. on beliefs about essences and mental disorder.</p> <p><i>Any appropriate evaluative point to receive credit.</i></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
SECTION B		
4(a)	<p>Describe what psychologists have learned about anxiety disorders.</p> <p>Syllabus: 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). • 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: Conditioned emotional responses (Watson, 1920). Analysis of a phobia in a five year old boy (Freud, 1909).</p> <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 modeling) • 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 anxiety disorders.</p> <p><i>Any appropriate evaluative point to receive credit.</i></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

Question	Answer	Marks
SECTION C		
5	<p>It has been suggested that depressed individuals may have an enhanced ability to read others' mental states. This may be more evident in those who have had an episode of major depression in the past compared with those with mild depression or non-depressed individuals.</p>	
5(a)	<p>Using your knowledge of psychology, design a laboratory experiment to investigate the ability to read mental states in these three groups.</p> <p>General: 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.</p> <p>Specific: Candidates must use a laboratory experiment, so inclusion of setting, IV and DV, controls, design, task to be completed and sample are essential features.</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>Most likely inclusion:</p> <ul style="list-style-type: none"> • Knowledge of methodology, specifically laboratory experiments • Knowledge of syllabus study: Enhanced accuracy of mental state decoding in dysphoric college students (Sabbagh et al., 2005). • Knowledge of the topic area of depression. 	6

Question	Answer	Marks
PSYCHOLOGY AND CRIME		
SECTION A		
6(a)	<p>Summarise the differential association explanation of criminal behaviour proposed by Sutherland.</p> <p>Syllabus: Theory:</p> <ul style="list-style-type: none"> • Cognitive Theories: Rational choice theory (Cornish and Clarke, 1986) and Criminal Thinking Patterns (Yochelson and Samenow, 1976). • Learning Theory: Differential Association Theory (Sutherland, 1939). • Personality Theory: Personality theory and crime (Eysenck, 1977). <p>Most likely: Sutherland's theory of differential association claims that criminal behaviour is learned through interaction with others or 'associations'. Children can learn from family, but they can also learn from their peers. A person may 'get in with a bad crowd'. Sutherland outlined 9 stages showing how learning takes place.</p> <p>3 marks for clear and concise description of 'differential association'. Stages are NOT required for full marks 2 marks description of 'differential association' with some understanding. 1 mark for vague description of 'differential association'</p>	3
6(b)	<p>Describe an alternative explanation for criminal behaviour.</p> <p>Syllabus: as above, but also possible: Research: Genetic explanations in the etiology of criminal behaviour (Mednick, 1987). Brain abnormalities in murderers (Raine et al., 1997). Key study: Farrington, D. P., et al. (2006) Criminal careers and life success</p> <p>Any one from: Historical (genetic): Lombroso and/or Sheldon; Biological: Raine; Personality: Eysenck; Cognitive: Yochelson & Samenow and/or Cornish & Clarke. Risk factors in childhood: Farrington et al.</p> <p>3 marks for clear and concise description of alternative with full understanding. 2 marks description of alternative with some understanding. 1 mark for vague description of alternative.</p>	3

Question	Answer	Marks
6(c)	<p>Contrast the assumptions on which these two explanations are based.</p> <p>Most likely: Candidates will logically contrast the underlying basis of the explanation. One must be learning theory (Sutherland) and the other could be biological, personality, cognitive or social deprivation.</p> <p>3 marks for clear and concise contrast with full understanding of assumptions and differences. 2 marks basic contrast with some understanding. 1 mark for vague contrast.</p>	3
SECTION A		
7(a)	<p>Describe <u>two</u> interrogation tactics.</p> <p>Syllabus: Interrogation tactics (e.g. Minimisation and Explicit offer of leniency)</p> <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, i.e. exaggerating the evidence the police have against suspects. • 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, i.e. minimising the seriousness of the offence (e.g. by suggesting that the suspect was only peripherally involved). • Projection is 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 tactic attempts to diminish all the blame of the crime from the person in question so 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>1 mark for each appropriate reason plus 1 mark for quality of answer (detail and understanding).</p>	3

Question	Answer	Marks
7(b)	<p>Suggest how the likelihood of making a false confession could be measured.</p> <p>Most likely: Candidates can make their own suggestion, and any appropriate advantage to receive credit.</p> <ul style="list-style-type: none"> • Candidates may also suggest using the GSS, the Gudjonsson Suggestibility Scale. This looks at (i) the tendency to give in to leading questions (Yield) and (ii) the tendency to shift responses under conditions of interpersonal pressure (Shift). • The GSS consists of a narrative paragraph is read out to the subject who then reports all he or she recalls about the story. Then the subject is asked a number of questions about the story, some of which are (mis)leading. Next, the subject is told in an authoritative manner that he or she has made a number of errors and must answer the questions for a second time. Yield refers to susceptibility to suggestive questioning, while Shift pertains to pressured suggestibility, i.e. the tendency to change answers as a result of social pressure. <p>3 marks for clear and detailed appropriate suggestion with full understanding. 2 marks for description of appropriate suggestion with some understanding. 1 mark for vague description of appropriate suggestion.</p>	3
7(c)	<p>Briefly evaluate the suggested measure described in (b).</p> <p>Most likely: If the candidate has made their own suggestion, then any evaluation should be of that. If the GSS has been described, then evaluation must be of the GSS. The main weakness is that the GSS involves a story which the person may not understand; may provide a false answer; or may respond to demand characteristics.</p> <p>3 marks: Appropriate evaluation with elaboration, maybe example, showing good understanding. 2 marks: Appropriate evaluation with understanding but has limitations. 1 mark: Appropriate evaluation which is basic and lacking detail.</p>	3

Question	Answer	Marks
SECTION B		
8(a)	<p>Describe the key study by Kassin and Sommers on inadmissible testimony, instructions to disregard, and the jury.</p> <p>Abstract from study: The present study tested the hypothesis that jurors comply selectively with instructions to disregard inadmissible evidence. A total of 81 mock jurors read a murder trial summary in which a wiretap was ruled admissible, inadmissible because it was not reliable, or inadmissible because it was illegally obtained (there was also a no-wiretap control group). As predicted, participants were more likely to vote guilty and interpret subsequent evidence as more incriminating in the admissible and inadmissible/due-process conditions than in the admissible/unreliable and control groups. These results suggest that jurors are influenced not by the judge's ruling per se but by the causal basis for that ruling. Conceptual and practical implications are discussed.</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
8(b)	<p>Evaluate the key study by Kassin and Sommers on inadmissible testimony, instructions to disregard, and the jury.</p> <p><i>Any appropriate evaluative point to receive credit.</i></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
SECTION B		
9(a)	<p>Describe what psychologists have discovered about the theory and applications of punishment.</p> <p>Syllabus: Theory:</p> <ul style="list-style-type: none"> • Types and functions of punishment (prison and probation). • The psychological effects of imprisonment: depersonalisation (e.g. Zimbardo), suicide (e.g. Topp, 1979), depression (e.g. Paulus, 1988). <p>Research: The Prison-Based Sex Offender Treatment Programme – STEP 3 (Home Office).</p> <p>Key study: Cann, J. (2006) Cognitive skills programmes: impact on reducing reconviction among a sample of female prisoners. Home Office Findings 276</p> <p>Applications:</p> <ul style="list-style-type: none"> • Anger management treatments (e.g. Ireland, 2000). • Sexual Offender Treatment Programmes (e.g. Beech et al., 1998). • Restorative justice, cognitive skills programmes (e.g. Cann, 2006). <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
9(b)	<p>Evaluate what psychologists have discovered about the theory and application of punishment.</p> <p><i>Any appropriate evaluative point to receive credit.</i></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

Question	Answer	Marks
SECTION C		
10	Psychologists like to classify murders into different types, such as organised/disorganised or expressive/instrumental. Perhaps murders could alternatively be classified into revenge or excitement types.	
10(a)	<p>Using your knowledge of psychology, design a study using an interview, to investigate whether murders are motivated by revenge or excitement.</p> <p>General: 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.</p> <p>Specific: Candidates must use an interview, so type (e.g. structured, etc.) format (e.g. face-to-face) and data (quantitative or qualitative) analysis/ coding should be considered.</p>	8
10(b)	<p>Explain the evidence on which your suggested 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>Most likely inclusion:</p> <ul style="list-style-type: none"> • Knowledge of methodology, specifically interviews • Knowledge ways of categorising crime scenes/types of murderer. 	6

Question	Answer	Marks
PSYCHOLOGY AND ENVIRONMENT		
SECTION A		
11(a)	<p>Describe <u>one</u> laboratory study of crowding and density in animals.</p> <p>Syllabus: Theory:</p> <ul style="list-style-type: none"> • Definitions of density and crowding • Explanations: social overload, privacy regulation, the control perspective • Animal Studies: Dubos (1965), Christian (1960), Calhoun (1962) <p>Most likely: Calhoun (1962) designed a ‘rat universe’ and installed populations of rats and watched what happened as population size increased. Four types of rat behaviour was observed, one type ‘hiding in the corner’ and other types (hypersexual, hyperactive, homosexual). Mortality was very high, all due to high social density and crowding.</p> <p>3 marks: for clear and concise description of a laboratory study with understanding. 2 marks: description of a laboratory study with some understanding. 1 mark: for vague description of a laboratory study.</p>	3
11(b)	<p>Describe <u>one</u> non-laboratory study of crowding and density in animals.</p> <p>Most likely (from the syllabus above): Dubos (1965) apparently conducted a naturalistic observation of Norwegian lemmings. Dubos found that when these lemmings became overpopulated (usually every 3–4 years) they would migrate to the sea, jump off a cliff, and drown. Dubos attributed this to density-induced, biological pre-programming. However, lemmings don’t do this (but it still receives credit as it is presented as legitimate in many books). Christian et al. (1960) report the activities of a herd of Sika deer introduced onto James Island in 1916. They successfully bred but in 1958 over half the herd died suddenly. The suggested reason for the death of the deer was crowding (high social density).</p> <p>3 marks: for clear and concise description of a non-laboratory study with understanding. 2 marks: description of a non-laboratory study with some understanding. 1 mark: for vague description of a non-laboratory study.</p>	3

Question	Answer	Marks
11(c)	<p>Giving examples, discuss the extent to which studies on animals be can generalised to humans.</p> <p>Most likely (other appropriate answers to receive credit): Generalisation is possible because ‘Christian’s deer’ produced adrenaline when stressed, and so do humans. However, although humans may behave anti-socially, they do not jump of a cliff. Humans are</p> <ul style="list-style-type: none"> • more capable of adaptation and adjustment; • can find respite from crowd, animals cannot; • behaviour of animals more biologically determined; humans more learning and cultural effects. <p>3 marks: arguments presented clearly in detail, with examples and showing understanding. 2 marks: arguments presented with examples and some understanding. 1 mark: arguments presented with no examples or very basic answer with both.</p>	3

Question	Answer	Marks
SECTION A		
12(a)	<p>Describe the field study by Mathews and Canon on noise and helping behaviour.</p> <p>Research:</p> <ul style="list-style-type: none"> • Negative effects of noise on aggression (Donnerstein and Wilson, 1976) and • Helping (Mathews and Cannon, field study 1975). • Perceived control of noise (Sherrod and Downs, 1974). <p>Mathews & Canon’s field experiment had a confederate drop a box of books while getting out of a car. Noise was varied (the IV) by having another confederate operate a lawnmower nearby. The dependent measure of helping was how many passing subjects stopped to assist the confederate pick up the dropped books. Finding: high levels of noise decreased helping behaviour.</p> <p>3 marks: for clear and concise description of a study with understanding. 2 marks: description of study with some understanding. 1 mark: for vague description of a study.</p>	3
12(b)	<p>Suggest <u>three</u> ways in which the findings of this study may not be generalisable.</p> <p>Most likely:</p> <ul style="list-style-type: none"> • There was only one type of noise and one decibel level measured; • There was only one type of helping behaviour (pick up books); • Confederates were students (as were participants) getting out of a car; • The DV was the percentage helping (reduced to a number) with no reasons for behaviour investigated. <p>1 mark: for each appropriate suggestion.</p>	3
12(c)	<p>Suggest <u>one</u> change to the study to make the findings more generalisable.</p> <p>Most likely: (Any appropriate answer receives credit). Going from a specific instance where noise has reduced helping behaviour to generalise to all instances of noise and potential helping behaviour could be inappropriate. This means that different types of noise, different situations, different ways in which people might need help, etc. should be considered. It is more complex that one study suggests.</p> <p>3 marks: for clear and concise suggestion showing understanding of holism. 2 marks: Good suggestion showing understanding of holism. 1 mark: for vague suggestion with little or no understanding.</p>	3

Question	Answer	Marks
SECTION B		
13(a)	<p>Describe the key study by Diener et al. on the effects of deindividuation on stealing amongst Halloween trick-or-treaters.</p> <p>Syllabus: Theory:</p> <ul style="list-style-type: none"> • Definitions of crowds • Types of crowd (Brown, 1965: acquisitive, baiting (Mann, 1981), panicky, apathetic, peaceful) • Explanations of crowd behaviour: Emergent norm (Turner, 1972) Deindividuation (Zimbardo, 1969) Social identity theory (Reicher, 1984) <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>Key Study: Diener, E., Fraser, S. C., Beaman, A. L. and Kelem, R. T. (1976) Effects of deindividuation variables on stealing among Halloween trick-or-treaters. <i>Journal of Personality and Social Psychology</i>, Volume 33, Issue 2, February 1976, Pages 178–183.</p> <p>Applications:</p> <ul style="list-style-type: none"> • Controlling potentially aggressive crowds (e.g. Waddington, 1987) • Individuating using CCTV (e.g. Ainsworth and Pease, 1987) <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 Diener et al. on the effects of deindividuation on stealing amongst Halloween trick-or-treaters.</p> <p><i>Any appropriate evaluative point to receive credit.</i></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
SECTION B		
14(a)	<p>Describe the key study by Smith and Knowles on attributional consequences of personal space invasions.</p> <p>Abstract: Two studies investigated the cognitive consequences of personal space invasions on a city sidewalk. Invaded pedestrians crossed a street faster, judged the invader more negatively, rated the invader's behavior as less appropriate, attributed specific intentions, and in one study but not the other, rated their own feelings less positively than did non-invaded pedestrians.</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
14(b)	<p>Evaluate the key study by Smith and Knowles on attributional consequences of personal space invasions.</p> <p><i>Any appropriate evaluative point to receive credit.</i></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
SECTION C		
15	DJ Markus is a popular DJ who works at a venue where there are often large crowds. He has thought about an evacuation message to use in the event of an emergency to help people to leave safely.	
15(a)	<p>Using your knowledge of psychology, design a study to test the effectiveness of DJ Markus’s new evacuation message.</p> <p>General: 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.</p> <p>Specific: 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
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 method appropriate to the topic being investigated. • Knowledge of evacuation messages. 	6

Question	Answer	Marks
PSYCHOLOGY AND HEALTH		
SECTION A		
16	The cold-pressor procedure can be used to measure pain in a laboratory.	
16(a)	<p>Describe how pain is measured in a laboratory using a cold-pressor procedure.</p> <p>Syllabus:</p> <ul style="list-style-type: none"> Measuring pain (psychometric e.g. MPQ, visual rating scales, observation e.g. UAB). Pain in a laboratory (cold-pressor procedure). <p>The cold-pressor test is a cardiovascular test performed by immersing the hand and arm into a water bath with ice-cold water at 2°C, usually for one or two minutes, and measuring changes in blood pressure and heart rate. Alternatively time before removing the hand/arm can be measured.</p> <p>3 marks: for clear and concise description of procedure with understanding. 2 marks: description of procedure with some understanding. 1 mark: for vague description of a procedure.</p>	3
16(b)	<p>Briefly discuss the ethics of this procedure.</p> <p>Most likely answers: The procedure could be said to be unethical because it causes pain. The procedure could be said to be ethical because a participant has the right to withdraw and removes the hand and arm if the pain is too much to bear.</p> <p>3 marks: Appropriate arguments both for and against with good understanding. 2 marks: Basic arguments both for and against with some understanding. 1 mark: Argument for one side only; little or no support for point.</p>	3
16(c)	<p>Results of the procedure show that some participants ‘suffer’ pain even though they can withdraw. Suggest which theory of pain this evidence supports and why.</p> <p>Most likely:</p> <ul style="list-style-type: none"> Gate control theory of pain. <p>Melzack and Wall’s (1965) gate control theory, the idea that physical pain is not a direct result of activation of pain receptors, but rather that the spinal cord contains a neurological ‘gate’ that either blocks pain signals or allows them to continue on to the brain. Pain is a combination of both physiological and psychological factors, explaining how the sensation of pain can be dampened or manipulated by thoughts.</p> <p>3 marks: for clear and concise description of theory with understanding. 2 marks: description of theory with some understanding. 1 mark: for vague description of theory.</p>	3

Question	Answer	Marks
SECTION A		
17	In their study of anti-smoking, McVey and Stapleton suggest there might be sources of bias and confounding variables. One bias is that they 'did not validate smoking status'.	
17(a)	<p>Use 'validation of smoking status' to explain what is meant by a 'confounding variable'.</p> <p>Most likely: A confounding variable is when an experimenter does not know whether the DV is due to the IV or some other extraneous variable. From the study: 'First, our outcome measure was self reported smoking status and we did not include validation of smoking status with a biochemical marker of smoke intake. This may have led to a small number of smokers being incorrectly classified as having stopped' when they had not. This means that the results could include the views of smokers rather than ex-smokers.</p> <p>3 marks for clear and correct explanation of confounding plus appropriate example. 2 marks for basic description of confounding plus appropriate example. 1 mark for vague description of confounding with no example, or example with no description.</p>	3
17(b)	<p>McVey and Stapleton suggest that validation could be done with a 'biochemical marker'. Explain the advantage this would have over self-reported smoking status.</p> <p>Most likely: A biochemical marker (done by analysis of sample of saliva for example) would be objective, 'scientific' proof of whether the person had been smoking or not. The result is physiological rather than a self-report which may or not be true. The nature of the study might lead smokers to report that they had not been smoking.</p> <p>3 marks for clear and detailed advantage of test with understanding. 2 marks for reasonable description of advantage of test with some understanding. 1 mark for vague description of advantage of test which has limited or no understanding.</p>	3

Question	Answer	Marks
17(c)	<p>Outline <u>one</u> other source of bias suggested by McVey and Stapleton.</p> <p>Most likely:</p> <ul style="list-style-type: none"> • we measured largely short term cessation with about 50% of those who stopped during the campaign reporting having done so within the past six months. Many will have subsequently returned to smoking and the effect of the intervention on lifetime cessation, leading to a measurable reduction in health risk, will have been less. • Given the nature of the delivery of mass media interventions it was not possible to include individual randomisation to interventions in this study, and the possibility that the results were biased by unequally distributed antecedent factors affecting outcome cannot be entirely discounted. • Claims of the campaign's effectiveness have to be made in relation to the wide range of concurrent anti-smoking activity. The No Smoking Day campaign was running at the same time as our intervention, as were a number of advertisements for nicotine replacement therapy. • Also, during the campaign period the cost of a packet of cigarettes rose by 6.5% as a result of increased taxation, which may have had a positive effect on cessation. <p>3 marks for clear and full description of another source of bias with understanding. 2 marks for reasonable description of another source of bias with some understanding. 1 mark for vague description of another source of bias.</p>	3

Question	Answer	Marks
SECTION B		
18(a)	<p>Describe the key study by DiMatteo et al. on health beliefs, disease severity and patient adherence.</p> <p>Abstract Background: A large body of empirical data exists on the prediction of patient adherence from subjective and objective assessments of health status and disease severity. This work can be summarised with meta-analysis. Objectives: Retrieval and summary analysis of <i>r</i> effect sizes and moderators of the relationship between patient adherence and patients': (1) beliefs in disease threat; (2) rated health status (by physician, self, or parent); and (3) objective disease severity. Methods: Comprehensive search of published literature (1948–2005) yielding 116 articles, with 143 separate effect sizes. Calculation of robust, generalisable random effects model statistics, and detailed examination of study diversity with moderator analyses. Results: Adherence is significantly positively correlated with patients' beliefs in the severity of the disease to be prevented or treated ('disease threat'). Better patient adherence is associated with objectively poorer health <i>only</i> for patients experiencing disease conditions lower in seriousness (according to the Seriousness of Illness Rating Scale). Among conditions higher in seriousness, <i>worse</i> adherence is associated with objectively poorer health. Similar patterns exist when health status is rated by patients themselves, and by parents in pediatric samples. Conclusions: Results suggest that the objective severity of patients' disease conditions, and their awareness of this severity, can predict their adherence. Patients who are most severely ill with serious diseases may be at greatest risk for non-adherence to treatment. Findings can contribute to greater provider awareness of the potential for patient non-adherence, and to better targeting of health messages and treatment advice by providers.</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

Question	Answer	Marks
18(b)	<p>Evaluate the key study by DiMatteo on health beliefs, disease severity and patient adherence.</p> <p><i>Any appropriate evaluative point to receive credit.</i></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
SECTION B		
19(a)	<p>Describe what psychologists have discovered about health promotion.</p> <p>Syllabus: Theory:</p> <ul style="list-style-type: none"> • Ways to promote health: fear appeals (Leventhal et al., 1967; Thornton et al., 2000) • Providing information (Lewin et al., 1992, 2006, Petrie et al., 2007) <p>Research: Health promotion programmes: Worksite (Gomel et al., 1993), School (Walter et al., 1985), Community (Cowpe, 1989).</p> <p>Key Study: Tapper, K., Horne, P. J. and Lowe, C. F. (2003) The Food Dudes to the Rescue. <i>The Psychologist</i>, January 2003, vol16, No 1.</p> <p>Applications:</p> <ul style="list-style-type: none"> • Diet of children (Tapper et al., 2003). <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
19(b)	<p>Evaluate what psychologists have discovered about health promotion.</p> <p><i>Any appropriate evaluative point to receive credit.</i></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

Question	Answer	Marks
SECTION C		
20	The key study by Bridge et al. looked at whether relaxation and imagery were effective ways of reducing stress in a group of hospital patients prior to treatment. Patients were asked to imagine a 'peaceful, pleasant scene' but other imagery may be more relaxing.	
20(a)	<p>Design a field experiment to compare the effectiveness of imagining any three scenes in reducing stress when waiting for treatment.</p> <p>General: 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.</p> <p>Specific: Candidates must use a field experiment, so inclusion of setting, IV and DV, controls, design, task to be completed and sample are essential features.</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>Most likely inclusion:</p> <ul style="list-style-type: none"> • Knowledge of methodology, specifically that of field experiments. • Knowledge of imagery and of relaxation. • Knowledge of the key study by Bridge et al. 	6

Question	Answer	Marks
PSYCHOLOGY AND SPORT		
SECTION A		
21	From the study by Kajtna on high-risk sports athletes:	
21(a)	<p>Describe <u>one</u> dimension included in the Big Five Observer Scale (BFO-S).</p> <p>Most likely (extracted from the article):</p> <ul style="list-style-type: none"> • ENERGY Refers to energetic and dynamic activities, talkativeness and thrill, the ability to enforce one's will, to be a frontman and to influence others. People who achieve high scores in this dimension are dominant, leader types, they appear to be brave, energetic, extraverted, sociable, communicative and relaxed, whereas people who achieve low scores appear to be subdued, faint-hearted, shy, introverted, lonely, quiet and clumsy. • ACCEPTABILITY Refers to aspects of the personality that are connected with the ability to understand and the need to help others, with the ability to engage in effective cooperation, acceptance, trust and openness. People who achieve high scores in this dimension appear to be at other people's disposal, not selfish, tolerant, loyal, warm and friendly, whereas people with low scores in this dimension appear to be selfish, mistrustful, intolerant, cold, hostile and unfriendly. • CONSCIENTIOUSNESS Refers to reliability, accuracy, orderliness, persistence, toughness and working habits. Thus, people with high scores are orderly, precise, reliable, trustworthy, willing and conscientious. On the other hand, people with low scores are sloppy, appear to have no working habits, they are unreliable, lazy, tired and suffer from a lack of will and enthusiasm. • EMOTIONAL STABILITY Refers to being able to control one's emotions, to remain calm and balanced. It usually indicates the absence of negative emotional states and worries. People with high scores are stable, patient, relaxed, satisfied, cheerful, who can deal well with stress. People with low scores, on the other hand, seem unstable, impatient, tense, anxious, nervous, restless and succumb to stress easily. • OPENNESS Refers to creativity, originality, curiosity, culture, intelligence and openness to novelties. People who achieve high scores are original, innovative, informed, creative, sensitive, intelligent and bright, whereas people who achieve low scores appear to be conventional, uninformed, traditional, uncreative, unintelligent and insensitive. <p>Description of any one dimension.</p> <p>3 marks appropriately detailed and accurate description with good understanding. 2 marks some detail, some accuracy, limited understanding. 1 mark for basic awareness of one feature.</p>	3

Question	Answer	Marks
21(b)	<p>Give <u>one</u> similarity and <u>one</u> difference between the three groups of participants in the study by Kajtna.</p> <p>Similarity (most likely):</p> <ul style="list-style-type: none"> • all male • all matched in age and education • Also accept top level athletes (Slovenian Olympic Committee) for groups 1 and 2. <p>Difference (most likely):</p> <ul style="list-style-type: none"> • difference in numbers 38, 38 and 76. • difference in types of athletes: high risk, non-risk and non-athletes. • Two groups engaged in sport, one not. <p>Note: any other similarity/difference accepted.</p> <p>Full details from study:</p> <ul style="list-style-type: none"> • 38 male athletes engaged in high-risk sports at top level (alpinists, skydivers, paragliders, divers, white-water kayakers, downhill bikers, motocross riders, downhill skiers, ski jumpers). Top level was defined as the world and international class according to the Slovenian Olympic Committee and definitions of respective associations (age: M = 24.82; SD = 4.53). • 38 male non-risk sports athletes, equalled in age and education with high-risk sports athletes (swimmers, track athletes, slalom and giant slalom skiers, flat-water kayakers, rowers, sailors, Nordic skiers, sports climbers, karatekas, badminton players), also categorised as top-level athletes according to SOC and respective associations (age: M = 23.55; SD = 4.00). • 76 male non-athletes, equalled 2 to 1 in age and education with-high risk sports athletes who have never been engaged actively (competitively) in sports and who do not do any recreation more than twice a week (age: M = 24.82; SD = 4.30). <p>3 marks: similarity and difference showing knowledge and using supporting evidence (e.g. accurate differences in numbers knowing which group has 76).</p> <p>2 marks: basic similarity and difference or one of these in full detail.</p> <p>1 mark: one brief or basic comment on each (e.g. 'age')</p>	3

Question	Answer	Marks
21(c)	<p>Briefly discuss the value of psychometric measures of personality.</p> <p>Most likely: Advantages:</p> <ul style="list-style-type: none"> • The use of standardised measures is more objective/scientific • Allows comparisons/generalisations to be made with others on a standardised scale. • Standardised tests are said to be reliable and valid. <p>Disadvantages:</p> <ul style="list-style-type: none"> • The measure may not be valid. What does a personality test actually measure? • Not all people may be familiar with the tests or test items. • People often generalise and make ethnocentric assumptions based on test results. • Once labelled by a test it may be difficult to remove that label. • Often tests assume that people don't change. People do. <p>3 marks: quality arguments presented for both which show understanding. 2 marks: basic arguments presented for both which show understanding. 1 mark: arguments presented for one or other argument.</p>	3

Question	Answer	Marks
SECTION A		
22(a)	<p>Describe the Group Environment Questionnaire (GEQ).</p> <p>Most likely: Carron et al. (1985) developed the Group Environment Questionnaire (GEQ), based on a model in which cohesion is considered to be a result of four primary constructs: Individual Attractions to the Group-Task, Individual Attractions to the Group-Social, Group Integration-Task, and Group Integration-Social. Questions 1–9 test feelings about personal involvement with this team. Questions 10–18 assess perceptions of the team as a whole. Questions on a 9-point scale (1 = strongly disagree to 9 strongly agree).</p> <p>3 marks: appropriate and detailed description of questionnaire with understanding. 2 marks: appropriate description of questionnaire with some understanding. 1 mark: basic description of questionnaire with limited understanding.</p>	3
22(b)	<p>Describe <u>three</u> features of this type of questionnaire.</p> <p>Most likely (<i>any appropriate disadvantage to be given credit</i>):</p> <ul style="list-style-type: none"> • It is a closed questionnaire rather than open-ended; • It uses a Likert-type 9 point scale (strongly disagree to strongly agree); • It collects quantitative data; • A nine-point scale (or 7 or 5) gives the 'neutral' option. <p>1 mark for each appropriate feature.</p>	3
22(c)	<p>Using any example from sport psychology, suggest <u>one</u> disadvantage of this type of questionnaire.</p> <p>Most likely (<i>any appropriate feature to be given credit</i>): It does not allow a participant to express thought and feelings. Example from any topic area; most logically the GEQ.</p> <p>3 marks for appropriate and detailed disadvantage plus relevant example. 2 marks for appropriate disadvantage plus relevant example. 1 mark for vague disadvantage and no example or example and no disadvantage.</p>	3

Question	Answer	Marks
SECTION B		
23(a)	<p>Describe the key study by Davis and Cox on anxiety and zone of optimal functioning.</p> <p>Abstract The purpose of this study was to examine Jones' (1991) directionality hypothesis and Hanin's (2000) individual zone of optimal functioning model. Swimmers' performance was examined to determine if cognitive and somatic anxiety was within cognitive and somatic individual zones of optimal functioning (IZOFs). Direction of cognitive and somatic anxiety was examined to determine if anxiety within IZOFs would be reported as facilitative to performance. One 3 X 3 (cognitive anxiety x somatic anxiety) ANOVA was calculated using ipsative <i>t</i> scores as the performance dependent variable. Two separate one factor ANOVAs for cognitive anxiety and somatic anxiety were calculated using ipsatized cognitive and somatic direction scores as the dependent variables. Results indicated support for Hanin's IZOF theory relative to intensity of cognitive anxiety, however, interpretations of anxiety within IZOFs failed to provide support for the directional hypothesis. Results are explained via examination of extant anxiety-performance and directionality literature. Potential limitations and implications for future research are discussed.</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 Davis and Cox on anxiety and zone of optimal functioning.</p> <p><i>Any appropriate evaluative point to receive credit.</i></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
SECTION B		
24(a)	<p>Describe the key study by Moore et al. on spectator aggression.</p> <p>Abstract of study: Background Alcohol, aggression and assault injury are strongly associated with popular sporting events, but mediating factors are not clear.</p> <p>Aims To explore aggression, happiness and plans to consume alcohol among spectators before and spectators after sports matches.</p> <p>Methods Cross-sectional surveys of male rugby football fans at an international stadium generated four groups: a pre-match group of 111 men, and three post-match groups of supporters, 17 whose team had won, 23 whose team had lost and 46 whose team had drawn. Consenting participants were assessed using the assault sub-scale of the Buss-Durkee Hostility Inventory, on a self-rating of happiness (Likert scale), for planned alcohol consumption and demographic variables. Pre- and post-match group mean responses were compared.</p> <p>Results Analyses were performed on 197 male spectators (mean age 42 years). Spectators in 'win' ($z = 2.63, p < 0.01$) and 'draw' ($z = 2.76, p < 0.01$) groups rated themselves as more aggressive than those in the pre-game group, but those in the losing group did not ($z = -0.03, p > 0.05$). No differences, however, were observed between pre-match, 'win', 'draw' or 'lose' groups on the decision to drink after the match. Winning did not increase happiness ($t = 0.25, p > 0.05$), but losing ($t = 2.09, p < 0.05$) or drawing ($t = 7.64, p < 0.001$) decreased it.</p> <p>Conclusions This study suggests that team success but not failure may increase aggression among supporters, and that aggression, not celebration, drives post-match alcohol consumption. Losing and drawing decreased happiness but winning did not increase it. Better understanding of pathways to violence in these circumstances will pave the way for more effective prevention and management strategies.</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

Question	Answer	Marks
24(b)	<p>Evaluate the key study by Moore et al. on spectator aggression.</p> <p><i>Any appropriate evaluative point to receive credit.</i></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
SECTION C		
25	Vealey (1986) believes that self-confidence in sport performance can be improved through what she calls self-talk. The theory sounds good, but it needs testing to determine its effectiveness.	
25(a)	<p>Using your knowledge of psychology, design a questionnaire to test the effectiveness of self-talk in a team of footballers.</p> <p>General: 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.</p> <p>Specific: 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 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>Most likely inclusion:</p> <ul style="list-style-type: none"> • Knowledge of methodology, specifically questionnaire design. • Knowledge of applications of motivation (in sport) • Knowledge of Vealey's theory of self-confidence and self-talk. 	6