GradeMax

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PSYCHOLOGY **9990/31**

Paper 3 Specialist Options: Approaches, Issues and Debates **May/June 2024**

MARK SCHEME

Maximum Mark: 60

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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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 descriptions 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.

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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.

Social Science-Specific Marking Principles (for point-based marking)

1 Components using point-based marking:

- Point marking is often used to reward knowledge, understanding and application of skills. We give credit where the candidate's answer shows relevant knowledge, understanding and application of skills in answering the question. We do not give credit where the answer shows confusion.

From this it follows that we:

a DO credit answers which are worded differently from the mark scheme if they clearly convey the same meaning (unless the mark scheme requires a specific term)
b DO credit alternative answers/examples which are not written in the mark scheme if they are correct
c DO credit answers where candidates give more than one correct answer in one prompt/numbered/scaffolded space where extended writing is required rather than list-type answers. For example, questions that require *n* reasons (e.g. State two reasons …).
d DO NOT credit answers simply for using a 'key term' unless that is all that is required. (Check for evidence it is understood and not used wrongly.)
e DO NOT credit answers which are obviously self-contradicting or trying to cover all possibilities
f DO NOT give further credit for what is effectively repetition of a correct point already credited unless the language itself is being tested. This applies equally to 'mirror statements' (i.e. polluted/not polluted).
g DO NOT require spellings to be correct, unless this is part of the test. However spellings of syllabus terms must allow for clear and unambiguous separation from other syllabus terms with which they may be confused (e.g. Corrasion/Corrosion).

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2 Presentation of mark scheme:

- Slashes (/) or the word 'or' separate alternative ways of making the same point.
- Semi colons (;) bullet points (•) or figures in brackets (1) separate different points.
- Content in the answer column in brackets is for examiner information/context to clarify the marking but is not required to earn the mark (except Accounting syllabuses where they indicate negative numbers).

3 Annotation:

- For point marking, ticks can be used to indicate correct answers and crosses can be used to indicate wrong answers. There is no direct relationship between ticks and marks. Ticks have no defined meaning for levels of response marking.
- For levels of response marking, the level awarded should be annotated on the script.
- Other annotations will be used by examiners as agreed during standardisation, and the meaning will be understood by all examiners who marked that paper.

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Generic levels of response marking grids

Table A: AO1 Knowledge and understanding
The table should be used to mark the 6 mark part **(a)** 'Describe' **Questions (4, 8, 12** and **16)**.
Annotation – One Level at the end of the response.

Level	Description	Marks
3	• Clearly addresses the requirements of the question. (Must cover both theories/concepts, if two are required.) • Description is accurate and detailed. • The use of psychological terminology is accurate and appropriate. • Demonstrates excellent understanding of the material.	5–6
2	• Partially addresses the requirements of the question. May cover one theory/concept only. • Description is sometimes accurate but lacks detail. • The use of psychological terminology is adequate. • Demonstrates good understanding.	3–4
1	• Attempts to address the question. • Description is largely inaccurate and/or lacks detail. • The use of psychological terminology is limited. • Demonstrates limited understanding of the material.	1–2
0	No creditable response.	0

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Table B: AO3 Analysis and evaluation

The table should be used to mark the 10 mark part **(b)** 'Evaluate' **Questions (4, 8, 12** and **16).**

Level	Description	Marks
5	• Detailed evaluation/discussion of the key study or the psychological theories, research, approaches, explanations and treatments/therapies. Contextualised throughout. • Analysis is evident throughout. • A good range of issues including the named issue. • Selection of evidence is very thorough and effective. (Must cover both theories/concepts, if two are required.)	9–10
4	• Detailed evaluation/discussion of the key study or the psychological theories, research, approaches, explanations and treatments/therapies. Mainly contextualised. • Analysis is often evident. • A range of issues including the named issue. • Selection of evidence is thorough and effective. (Must cover both theories/concepts, if two are required.)	7–8
3	• Limited evaluation/discussion of the key study or the psychological theories, research, approaches, explanations and treatments/therapies. Attempt to contextualise. • Analysis is limited. • A limited range of issues including the named issue. • Selection of evidence is mostly effective. (May cover one theory/concept only if two are required.)	5–6
2	• Superficial evaluation/discussion of the key study or the psychological theories, research, approaches, explanations and treatments/therapies. • Little analysis. • Limited number of issues which may not include the named issue. • Selection of evidence is sometimes effective.	3–4
1	• Basic evaluation/discussion of the key study or the psychological theories, research, approaches, explanations and treatments/therapies. • Little or no analysis of issues. • Selection of evidence is limited.	1–2
0	No creditable response.	0

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Section A: Clinical Psychology

Question	Answer	Marks	Guidance
1	**Sarah is always thinking about germs. At work she eats lunch alone as she believes this will protect her colleagues. She always washes her hands for 15 minutes in very hot water. She feels better after this, but after 45 minutes she wants to wash again. When Sarah gets home, she washes her clothing, shoes and coat. One day, when Sarah had sat next to a colleague, she could not sleep that night as she was convinced that he would get ill.** **Explain how Sarah meets the diagnostic criteria for obsessive-compulsive disorder (OCD).** Award 3–4 marks for a detailed answer with clear understanding of how Sarah fits the diagnostic criteria for OCD. Award 1–2 marks for a basic answer with some understanding of how Sarah fits the diagnostic criteria for OCD. Diagnostic criteria ICD-11 • Presence of persistent obsessions/compulsions • Obsessions are repetitive and persistent that are intrusive/unwanted • Compulsions are repetitive behaviour or rituals • Obsessions and compulsions are time-consuming or result in significant distress/impairment in personal, family, social, educational, occupational, or other important areas of functioning.	**4**	1 max for reference to Sarah's obsession/belief = germs, protect colleagues, colleague gets ill. 1 max for reference to Sarah compulsion – washing hands for 15 mins/very hot water, washing clothing, shoes, coat. 1 max for reference to persistence/time-consuming = always thinking about, takes up to at least an hour a day (15 min every 45). 1 max for explain why obsession is irrational. 1 mark for explain that the compulsion acts to reduce the anxiety created by the obsession. 2 max for reference to impairment in life (couldn't sleep, sitting alone at lunch). Allow reference to both ICD and DSM guides. Do not credit 'obsessions and compulsions' on its own as in the question. The response must identify both obsessions and compulsions from the stem to be awarded full marks.

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Question	Answer	Marks	Guidance
1	Example: Sarah fits the diagnostic criteria for OCD as she is experiencing obsessions and compulsions. One of her obsessions is thinking about germs. (1) This is something Sarah thinks about frequently, so it is persistent. (1) In addition, Sarah engages in compulsions which include washing her hands for 15 minutes in very hot water. (1) Sarah's behaviour is repetitive and/or ritualistic (e.g. 15 minutes of hand washing and/or washing her clothing, shoes and coat). When she washes her hands, she does feel better, however her anxiety returns, and she has to wash her hands again which is time-consuming and excessive. (1) Her obsessions and compulsions are having a negative effect on her job as she is spending time washing her hands as well as feeling distressed with her thoughts about germs. (1) She is also missing out on socialising with her colleagues at lunchtime as she has to sit alone. (1) The other negative effect she is experiencing is not being able to sleep at night if she accidentally touches someone. (1) Other appropriate responses should also be credited.		DSM-5 is creditworthy Presence of obsessions and/or compulsions. Obsessions are recurrent/persistent thoughts that are intrusive/unwanted – thoughts are neutralised with some other thought/action. *Compulsions* are repetitive behaviours/mental acts that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly. The compulsion is aimed at preventing/reducing anxiety; however, these behaviours are excessive. Obsessions and/or compulsions are time-consuming or cause significant distress or impairment in social, occupational, or other important areas of functioning.

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Question	Answer	Marks	Guidance
2(a)	**Outline what is meant by the determinism versus free-will debate.** Award 2 marks for an outline of the term/concept. Award 1 mark for a basic outline of the term/concept. Example: The extent to which human behaviour is caused by internal/external factors beyond our control or due to individual choice (behaviour is self-determining). (2) OR Determinism is where behaviour is caused by internal/external factors beyond our control. (1) Free-will is where behaviour is due to individual choice (behaviour is self-determining). (1) Other appropriate responses should also be credited.	**2**	No credit for using just the terminology from the Q.

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Question	Answer	Marks	Guidance
2(b)	**Explain <u>one</u> strength of applying the determinism side of the determinism versus free-will debate to the biochemical explanation for depressive disorder (unipolar).** Award 2 marks for a detailed explanation of strength in context. Award 1 mark for a basic outline of strength. Strengths might include: • Explanatory power– deterministic explanations align with viewing psychology as a science which explains the causes of behaviour. • Increases the status of psychology – deterministic explanations establish psychology as a science that offers unbiased and objective explanations for behaviour. • Application to everyday life – if the cause of behaviour (e.g. low levels of serotonin in the case of depression) then a solution can be found (e.g. SSRIs). • Establishes cause and effect relationships. • Enables causes to be tested in a laboratory experiment with good control. • Takes the blame for behaviour away from the person. The patient with depressive disorder will not feel blamed for their depression as the cause of it is due to internal biochemical factors. Example: One strength is application to everyday life, as a deterministic explanation identifies the cause of behaviour (e.g. low levels of serotonin for depressive disorder) which can then be treated. (1) For example, depressive disorder can be treated using SSRIs which increase serotonin levels through blocking re-uptake of serotonin into neurons. (1) Other appropriate responses should also be credited.	**2**	Context = biological explanation of depressive disorder (unipolar) No credit for explanation of why biochemical explanation is deterministic. No credit for just identifying the strength.

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Question	Answer	Marks	Guidance
3	**Olivia has a bipolar disorder and is receiving cognitive restructuring as therapy. In her first session she said: 'My life used to be 100% perfect! I had an amazing job and friends. I stayed up one night to research an expensive holiday. Recently everything has changed. I am not working and have no energy. No one likes me, not even my family, as I am not fun to be with. I have cancelled the holiday. Why does this keep happening to me? I feel amazing for a while and then it all changes and I am depressed again.'**		
3(a)	**Suggest how cognitive restructuring can help Olivia with both her depressive and manic episodes.** Award 3–4 marks for a detailed suggestion with clear understanding of cognitive restructuring linked to helping Olivia with both her depression **and** manic episodes. *Maximum 3 marks for detailed suggestion with clear understanding of cognitive restructuring linked to helping Olivia with either her depression or her manic episodes.* Award 1–2 marks for a basic suggestion with some understanding of cognitive restructuring linked to helping Olivia with both her depression and manic episodes.	**4**	Can credit reference to type I or II bipolar. If candidate discusses either depression or manic and not both can get 3 out of 4 marks. No direct link to Olivia's specific symptoms 2 marks.

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Question	Answer	Marks	Guidance
3(a)	Cognitive restructuring involves – Talking therapy where the therapist asks questions and identifies the patient's irrational/illogical thinking patterns. Initially the therapist explains how the cognitive triad (self, others and future) works and the effect this has on behaviour and mood. The patient is set homework to identify their mood, thoughts and behaviour and this is discussed in subsequent sessions with the therapist. The therapist will discuss with the patient more rational and logical thoughts and help the patient to recognise the irrational thinking outside of the therapy sessions ('reality testing'). At the end of therapy, the patient will have the ability to challenge their irrational thoughts, engage in positive behaviour and increase mood. The manic episodes for someone with bipolar disorder are characterised by an overly positive view of self, world and future. Example: Olivia's therapist can use Olivia's description of her life to explain the cognitive triad is made up of thoughts about yourself, the world/others and the future. (1) The therapist can challenge both the manic and the depression illogical thinking and help Olivia to replace these thoughts with more rational statements about herself, the world and her future. (1) For example, no one's life is 100% perfect – a more rational view is that life can be good but doesn't need to be perfect – this will help Olivia to see herself in a more logical way and help her mania reduce. (1) For the depression, the therapist could challenge that it is unlikely that no one likes her and that she is never any fun to be around with a more realistic view that Olivia is liked by people in her life which will increase her mood. (1) Other appropriate responses should also be credited.		

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Question	Answer	Marks	Guidance
3(b)	**Explain <u>one</u> strength of using cognitive restructuring therapy with Olivia.** Award 2 marks for an explanation of a strength of cognitive restructure for Olivia. Award 1 mark for a basic explanation of a strength of cognitive restructure for Olivia. One strength from: • There are no side effects, unlike medication (e.g. Lithium – mood stabiliser – feeling tired, weight gain, dry mouth, excessive thirst, etc.) • Effective therapy – e.g. Dobson found those who had cognitive restructuring as opposed to drug therapy did significantly better (90% versus 70% improvement in depression symptoms). • Long term effectiveness – teaches the patient how to recognise automatic overly positive or overly negative thinking and how to challenge these thoughts. The patients can do this on their own when therapy is over. • Cognitive therapy is shorter term and therefore cost effective (6–12 sessions) compared to other types of therapy (e.g. psychotherapy). Example: One strength of cognitive restructuring for Olivia is that it has long-term effectiveness as Olivia will learn how to recognise her automatic overly positive and negative thoughts. (1) Once therapy has finished if Olivia goes back into a manic episode, she can replace the overly positive thoughts (e.g. ‘my life is perfect’) with more rational thinking (e.g. 'my life is really good, not perfect. No one’s life is perfect’). (1) Other appropriate responses should also be credited.	**2**	No credit to ‘will improve her mania and depression’ on its own. 0 marks to long term benefits/improvements on its own. No credit to just identifying a strength. Allow full credit for reference to research that shows effectiveness for bi-polar or depression.

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Question	Answer	Marks	Guidance
4(a)	**Describe the behavioural explanation and the psychodynamic explanation of fear-related disorders.** Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question. Candidates must discuss both behavioural and psychodynamic explanations of fear-related disorders, but they do not need to use Watson's Little Albert and/or Freud's Little Hans examples from the syllabus. **Behavioural (classical conditioning)** A phobia develops as the neutral stimulus is paired with something the person is afraid of (the unconditioned stimulus). If enough pairings occur or the initial UCS is very frightening the person will end up with a fear of the NS. The NS then becomes the CS. e.g. Watson and Raynor (1920) Little Albert who was conditioned to be afraid of a rat (NS) by Watson banging an iron bar (UCS) behind the baby which made him cry (UCR). Eventually just the sight of the rat (CS) was enough to cause the crying (CR). **Psychodynamic** A fear is repressed into the unconscious to protect the ego. The phobia can be a redirected fear during an intensely frightening experience (e.g. a physical attack) onto an object. Denied/repressed impulses of the id which happen during childhood – often during psychosexual stage of development – when there is conflict between the desires of the id and the desires of the ego. Conflict is repressed into the unconscious and the phobic object/situation symbolises this conflict.	**6**	Award up to 4 marks where the response has described only part of the question even if the response otherwise meetsthe criteria for level 3.

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Question	Answer	Marks	Guidance
4(a)	e.g. Freud, 1909 may also summarise the case of Little Hans with a focus on phobia (horse or bath). For example, Hans developed a fear of white horses as this was a redirected fear of his father. Hans was in the phallic stage of psychosexual development and was experiencing the Oedipus complex. He had sexual desires for his mother and feared his father would castrate him. Hans displaced these strong feelings of fear/hatred towards his father onto horses which reminded him of his father with long mane/black noseband (similar to his father's facial hair) and blinkers (similar to father's glasses). Other appropriate responses should also be credited.		

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Question	Answer	Marks	Guidance
4(b)	**Evaluate the behavioural explanation and the psychodynamic explanation of fear-related disorders, including a discussion about longitudinal studies.** **Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates.** Use Table B: AO3 Analysis and evaluation to mark candidate responses to this question. A range of issues could be used for evaluation here. These include: **Named issue – Longitudinal studies** **Strengths** • Shows change in behaviour over time • Watson's study lasted a few months (8 months 26 days until 12 months 21 days – 4 months) and conditioned Little Albert to become afraid of rats, white fluffy objects, etc. over the course of the study. Freud's study lasted from age 3-5 years and investigated the development and resolution of the Oedipus complex during the study. • Often in-depth as time to collect a lot of data e.g. Freud collected in-depth data from letters from Little Hans' father describing events and conversations he had with Hans • Holistic – develop a thorough understanding of the participant(s) in the study	**10**	

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Question	Answer	Marks	Guidance
4(b)	• Freud had a holistic view of the causes of Hans' behaviour. For example, he was sent letters with conversations between Hans and his father describing little Hans' thoughts/fantasies. Freud was able to report on how the fantasies changed during and after the phallic stage to explain how someone transitions from one psychosexual stage to the next. Watson was somewhat holistic – tested Little Albert on a number of different objects to explain the development of the phobia of rats and also how phobias can generalise to other objects similar to the phobic object. • No recall bias as the participant doesn't have to remember past events. • Both Watson and Freud (through the father) were recording events, behaviours, etc. as they occurred during the study. For example, little Hans' father did not have to recall events from Hans' childhood but could record them in his letters as they happened. Makes the data more valid. **Weaknesses** • Time-consuming/attrition. • In some longitudinal research participants drop out of the study due to loss of contact, unwillingness to continue, etc. This did not happen during Watson or Freud's studies, but the Freud study was very time consuming. A researcher can invest a lot of time in the study and as longitudinal studies often have one or few participants if someone leaves the study this could mean the research cannot progress. • Researcher can develop a close bond with the participant and can be less objective in interpretation of data – particularly if qualitative data • Freud's research has been accused of being biased as the data was collected by the father who had a close relationship with his son (as well as Freud).		

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Question	Answer	Marks	Guidance
4(b)	• **Nature versus nurture** – Behavioural is nurture as phobias are learned through association between a neutral stimulus and an unconditioned stimulus. In contrast, psychodynamic is both nature and nurture- we all go through the psychosexual stages but whether we pass through them successfully is due to life experiences/nurture. • **Determinism versus free will** – The explanations of phobias are deterministic. The behavioural explanation suggests phobias are learned. This is deterministic because the person who develops the phobia has no choice but to develop it due to their learning experience. For example, Little Albert learned to be afraid of the white rat because of the noise he associated with the rat not because he chose to be afraid. However, some element of free-will as a phobic patient can unlearn their phobia (e.g. through systematic desensitisation). Psychodynamic is also deterministic. Freud theorised that a phobia is caused by the expression of anxiety in the unconscious over which we have no control. In addition, the repression of anxiety occurs due to early childhood experiences over which there is little to no control. However, a phobic patient does have free will to go to psychoanalysis and allow the psychotherapist to help them bring the fear into the conscious mind so that it can be resolved.		

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Question	Answer	Marks	Guidance
4(b)	• **Case studies** - Strengths – in depth research (Watson and Freud) and good ecological validity (e.g. Freud). Weaknesses – lacks generalisability as just one young boy (e.g. Watson and Freud) and researcher can become overly involved leading to bias data (e.g. Freud). • **Validity** – Freud's study is open to bias as data was collected by the father of Little Hans and reported via letters to Freud. All data was qualitative and open to interpretation. Little Hans had a frightening experience with a horse which could explain his phobia and yet this was dismissed by Freud. Watson's data was collected via observation – noting down the behaviour of little Albert (e.g. was he calm, fussing, crying). As Albert was a 9-month-old baby there are no demand characteristics or social desirability which increases validity. It is unlikely that Watson misinterpreted the behaviour of Albert as the difference between a baby being calm and crying are clear. Also increasing validity. However, poor ecological validity as no one is purposefully conditioned to develop a phobia. Many phobias develop with just one bad experience with the phobic object. Repeated and systematic exposure to the banging of the iron bar is very unrealistic. Additional issues candidates may include: • generalisations from findings (if not evaluated within case studies) • qualitative data • subjective data • ethics Other appropriate responses should also be credited.		

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Section B: Consumer Psychology

Question	Answer	Marks	Guidance
5	**Snyder and DeBono (1985) found that high self-monitors and low self-monitors have different preferences for advertising strategies. This finding could be used for advertising winter coats.**		
5(a)	**Suggest <u>one</u> advertising strategy for winter coats that would appeal to high self-monitors.** For the suggestion: Award 2 marks for an outline of the application linked to the context. Award 1 mark for a basic outline of the application. Likely content: High self-monitors prefer advertisements that appeal to image/soft sell. Advertisement for coats - Image – emphasis on how fashionable the coat is; aspirational setting e.g. going into a high-quality restaurant; worn by a celebrity or influencer that customers aspire to be like; emphasis on how the winter coat will make the customer feel good about themselves.	**2**	Two ways to achieve full marks. Identify high self-monitors prefer image with a brief outline of the advertising strategy for the winter coats linked to the strategy. OR A more detailed outline of the specifics of the advertisement with a clear link to image. Two examples in mark scheme.

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Question	Answer	Marks	Guidance
5(a)	Examples: The advertising strategy needs to appeal to high self-monitors by focusing on an appeal to the coat's image. (1) For example, the advertisement could show a group of people wearing winter coats walking to an aspirational event such the opening of an art gallery. (1) To appeal to image the advertisement could show a group of people walking in the snow at night with the streetlights causing the snow to shimmer (high visual appeal). (1) At the end of the advertisement the group of people will walk into an art gallery which is a place that potential customers may aspire to attend so the advert will appeal to them. (1) Other appropriate responses should also be credited.		

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Question	Answer	Marks	Guidance
5(b)	**Suggest <u>one</u> advertising strategy for winter coats that would appeal to low self-monitors.** For the suggestion: Award 2 marks for an outline of the application linked to the context. Award 1 mark for a basic outline of the application. Likely content: Low self-monitors prefer advertisements that appeal to quality/hard sell. Quality – emphasis on very high standard of material the coat is made from; hard-wearing and long lasting; versatile to be used in many different settings (e.g. going out for dinner, taking a long walk in the countryside); worth investigating in a high-quality coat that will last for many years. Example: The advertising strategy needs to appeal to low self-monitors by focusing on the quality of the coat. (1) The advertisement could show someone purchasing a winter coat and have a sequence of short clips that show the person wearing the coat over several years which would highlight how hard-wearing and good quality the coat is. (1)	**2**	Two ways to achieve full marks. Identify low self-monitors prefer quality with a brief outline of the advertising strategy for the winter coats linked to the strategy. OR A more detailed outline of the specifics of the advertisement with a clear link to quality. Two examples in mark scheme.

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Question	Answer	Marks	Guidance
5(b)	To appeal to quality the advertisement could show a woman purchasing the winter coat and then show her putting the coat away at the end of the winter. It would then show the woman getting this coat out of storage at the start of every winter for a few years. The advertisement could make it clear that years have passed by showing the woman looking older. This highlights that the coat is hard-wearing and is worth the money. (2) Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
6(a)	**Outline 'satisficing' as a model of consumer decision-making.** Award 2 marks for an outline of the term/concept in context. Award 1 mark for a basic outline of the term/concept. Example: This is where the consumer satisfies their needs and searches amongst available products until they find an acceptable product. (1) This product is then purchased. (1) They get approximately where they want to go and then stop and decide to purchase the product. (1) If you were shopping for a new dress you would try on a few and then buy the one that seems 'good enough'. (2) Other appropriate responses should also be credited.	**2**	Max 1 mark if no link made to consumer decision-making.

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Question	Answer	Marks	Guidance
6(b)	**Explain how satisficing as a model of consumer decision-making is reductionist.** Award 2 marks for a detailed explanation. Award 1 mark for a basic explanation. Likely answers: • Just considers the cognitive level of explanation – the consumer decides what is 'good enough' based on their attitude about the product and the comparison to a few other similar alternatives. • Does not take into account other levels such as environmental (store environment). • The cognitive level of explanation of being 'good enough' does not explain why customers will spend extensive amount of time researching alternative products, read reviews, etc. especially when it is a high value item that the customer might have for a long time e.g. car. • Does not consider environmental explanation/influences – a good marketing campaign will increase sales of the products. • Does not explain why consumers purchase products that are luxury, high end, branded products that are expensive and are more than 'good enough'. • Does not consider societal and cultural explanations – products that are endorsed by 'influencers' who are convincing the customers that they want a product as the influencer is 'selling' a lifestyle' rather than fulfilling a need in the consumer. Consumers want these products as they are marketed as being more than good enough.	**2**	

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Question	Answer	Marks	Guidance
6(b)	For example, This model is reductionist as it does not consider other levels of explanation such as environmental factors. (1) Some consumers may decide to purchase a product due to the layout and atmosphere of the store. (1) The model does not explain impulse purchases where the consumer doesn't consider any alternatives so there is no opportunity for them to believe that the product they are about to purchase is good enough as there is no product to compare it to. (2) Other appropriate responses should also be credited.		

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Question	Answer	Marks	Guidance
7	**Zahra works in a large store that sells a wide range of goods. She notices that customers in the store spend a long time looking at the computers, comparing prices and asking questions. She also notices that when customers select grocery items they only briefly look at what they put into their shopping trolley.**		
7(a)(i)	**Explain <u>one</u> reason why the customers shopping for computers are using system 2 for decision-making.** Award 2 marks for an explanation with relation to the context. Award 1 mark for a basic explanation with relation to the context. Example: *Definition system 2 (can be contextualised definition or not):* The customers shopping for computers are using system 2 thinking as it involves effort and is thoughtful. (1) *Why using system 2 for decision-making for computer:* Computers are an expensive purchase so the customer will want to spend time thinking about their purchase and comparing prices. (1) There are a lot of different types of computers and the customer will want to put in effort to make sure the computer they purchase meets their needs (e.g. has sufficient storage, software the customer needs). (1) Other appropriate responses should also be credited.	**2**	Context = large store, shopping for computer versus shopping for groceries. What is system 2 thinking = 1 mark Link to why use system 2 for computers decision = 1 mark

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Question	Answer	Marks	Guidance
7(a)(ii)	**Explain <u>one</u> reason why the customers shopping for groceries are using system 1 for decision-making**. Award 2 marks for an explanation with relation to the context. Award 1 mark for a basic explanation with relation to the context. Example: *Definition system 1 (can be contextualised definition or not):* The customers selecting their groceries are using thinking fast/system 1 as it is automatic and unconscious. (1) *Why using system 1 for decision-making for groceries:* The customer doesn't need to put effort into choosing groceries as these are items they frequently purchase so they know which groceries they want. (1) Other appropriate responses should also be credited.	**2**	Context = large store, shopping for computer versus shopping for groceries. What is system 1 thinking = 1 mark Link to why use system 1 for groceries decision = 1 mark

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Question	Answer	Marks	Guidance
7(b)	**Explain <u>one</u> problem with identifying whether a customer is using system 1 or system 2 for decision-making.** Award 2 marks for an explanation of one problem with identifying system 1/system 2 used by a customer. Award 1 mark for a basic explanation of one problem with identifying system 1/system 2 used by a customer. Likely problems: • Intuitive thinking/system 1 and 2 are cognitive processes so cannot be seen and have to be inferred. • If the customer is observed to determine intuitive thinking, the behaviour of the customer may not match their type of thinking (e.g. they may be spending a long time looking at a product, but they are distracted and are thinking about something other than whether to buy the product). • Customers can be asked in either an interview or questionnaire about their thinking about a product prior to purchase but this is subjective data and open to social desirability (might not want to admit system 1 thinking for an expensive product). • If the responses are qualitative, it is open to bias/misunderstanding/difficulties with explaining thoughts. • All lower the validity of identifying the correct type.	**2**	

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Question	Answer	Marks	Guidance
7(b)	Example: One problem with identifying whether the customer is using system 1 or 2 is that these thoughts are private and to access them inferences must be made from what the customer says and/or does. (1) Responses from customers as well as their behaviour can be misinterpreted, and the incorrect thinking style applied. (1) For example, a customer is seen to spend a long time looking at similar products before purchasing one but in fact they were distracted while browsing and just selected the first product that looked good to them. (1) Other appropriate responses should also be credited.		

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Question	Answer	Marks	Guidance
8(a)	**Describe what psychologists have discovered about:** • **the features of menu design which have positive and negative impacts, and** • **the effect of food name on menu item choice.** Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question. Candidates must discuss both features of menu design which have positive and negative impacts, including the use of eye tracking and the effect of food name on menu item choice films, but they do not need to use the Pavesic or Lockyer example from the syllabus. Answers may include: Syllabus content • Menu design focusing on the features of menu design which have positive and negative impacts and ways to study this, including the use of eye-tracking, e.g. Pavesic (2005). • The effect of food name on menu item choice, including a study, e.g. Lockyer (2006).	**6**	Award up to 4 marks where the response has described only part of the question even if the response otherwise meets the criteria for Level 3.

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Question	Answer	Marks	Guidance
8(a)	**Menu design focusing on the features of menu design which have positive and negative impacts and ways to study this, including the use of eye-tracking, e.g. Pavesic (2005).** Menus help the customer decide what to order but they are also very important for the branding and image of the restaurant. They can direct customers to order food that the restaurant prepares the best/has the best profit margin. They communicate the overall dining experience. The menu should complement the décor and style of the restaurant. Menus can use highlighting to direct the attention of the diners. Common negative features of menus include being hard to read, overemphasising pricing, poor use of space, monotonous design and too big. Eye-tracking - customers don't read a menu from start to finish but instead scan the mean. Attention can be drawn using boxes, images and different fonts. Other parts of the menu can be de-emphasized by using smaller fonts, no highlighting, etc. Pavesic is a review article that outlines how customers use menus and how restaurants can design better menus (use of 'eye magnets') such as a box around the appetiser or different coloured font to a menu description. Attention should be paid to style, colour, artwork and illustrations. Put the entrees first in your menu as most of your diners will order this whereas appetisers/desserts are ordered by a smaller number of customers. Average time spent looking at a menu 109 seconds.		

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Question	Answer	Marks	Guidance
8(a)	**Effect of food name on menu item choice, including a study, e.g. Lockyer (2006)** Research has shown that foods with descriptive and evocative names had more positive comments (such as ‘‘Succulent Italian Seafood Fillet’’) and rated as more appealing, tasty and caloric than those with more regular names. (e.g. ‘Seafood Fillet’). **Lockyer (2006)** study investigated the impact of menu item names on selection of menu items. Four focus groups (48 participants, self-selected from Hamilton, New Zealand) examined the responses to five menus, each with the same menu items but using different wording. In addition, a survey was randomly distributed in the local area to which 200 people responded. Open and closed questions were used. Rated how appealing each menu item was and were then asked why they had given this rating. Used content analysis to analyse the qualitative data. Results did show large individual differences with different participants showing a preference for different menus.		

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Question	Answer	Marks	Guidance
8(a)	The participants showed a preference for items they would not normally eat at home. The highest appeal was for the seasonal menu and the lowest the French style menu. Strongest preference was shown to the elaborate style menu for the participants that were surveyed which used words such as delicious, flavourful and perfection. Participants were also given four dining experiences (romantic, business, mother-in-law and family reunion). From focus group discussion clear differences in what menu items would be selected based on the occasion of the dining experience. When describing the most popular menu the participants used words such as ‘fresh’, ‘clear explanation’ and ‘tasty’. Other appropriate responses should also be credited.		

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Question	Answer	Marks	Guidance
8(b)	**Evaluate what psychologists have discovered about:** • **the features of menu design which have positive and negative impacts, and** • **the effect of food name on menu item choice,** **including a discussion about generalisations from findings.** **Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates.** Use Table B: AO3 Analysis and evaluation to mark candidate responses to this question.Depending on the examples studied by candidates their answers may vary. A range of issues could be used for evaluation.These include: • **Named issue – generalisations from findings** Pavesic reviewed a large variety of menu designs so his suggestions are generalisable. Lockyer had five menu designs in his study which makes it less generalisable than Pavesic. However, Lockyer does consider five different types, so it is not without any generalisability. Pavesic's had a large sample (48 in focus groups and 200 randomly sampled for the self-report) but all from one city in New Zealand. More females than males in the study. It could be that sample of men used in the study could not be generalisable to the target population given the small numbers. Wide range of ages, fairly good range of ethnicities and socioeconomic groups were included.	**10**	

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Question	Answer	Marks	Guidance
8(b)	Lockyer's study has some issues with ecological validity (generalisations from the findings to everyday life) as the study used focus groups answering questions and discussing menus which isn't something that happens in everyday life. However, the menus were realistic and based on menus that Lockyer had researcher. On the other hand, the participants were imagining different dining scenarios rather than experiencing these scenarios in everyday life. For example, the participants may have felt differently if they were in a restaurant at a business meeting. • **Applications to everyday life** – Both studies and topic areas have good application to everyday life. Pavesic gives clear and detailed recommendations for both good menu design and mistakes to avoid. There is a lot of focus in the review article on increasing sales, which further improves the application of the research. The Lockyer study did find one of the menus was the most popular, but this was different for the focus group as opposed to the group of participants surveyed. There were also individual differences which suggests there is quite a bit of variety in terms of the wording preferences for menu items.		

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Question	Answer	Marks	Guidance
8(b)	• **Validity –** Lockyer has good validity as he did the survey after the focus group to measure the validity of the results from the focus group. However, self-reports were used which means the data could be open to socially desirable responses, demand characteristics, etc. In addition, the qualitative data had to be interpreted but this was done through content analysis. • **Objective versus subjective –** The data collected from the rating scales is somewhat more objective as the researchers can't misinterpret the ratings given to the menus by the participants. However, participants could have interpreted the rating scale differently. However, the data from the focus groups and the response to the open questions is subjective. But Lockyer used a computer programme to analyse the focus group discussion. A computer is objective and not open to any bias. Additional issues candidates may include: • Reliability • Ethics • Quantitative and qualitative data Other appropriate responses should also be credited.		

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Section C: Health Psychology

Question	Answer	Marks	Guidance
9(a)	**A professor wants to improve doctors' verbal communication with patients.** **Suggest <u>one</u> way to improve the doctors' verbal communication with patients.** For the suggestion: Award 2 marks for an outline of the way to ensure effective verbal communication. Award 1 mark for a basic outline/identification of the way to ensure effective verbal communication. Syllabus content: • verbal communications with a focus on understanding medical terminology (e.g. McKinlay,1975) • doctor-centred (directed) and patient-centred (sharing) consultation (Key study – Savage and Armstrong, 1990) Example: One way would be to train the doctors to give details of both their diagnosis and treatment to their patients at the clinic. (1) Any terminology that is used must be clearly explained in terms that the patient will understand for both the diagnosis and treatment. (1) The doctors should adopt a doctor-centred (directed) style of consultation. (1) This is where the doctor takes an authoritarian approach and tells the patient what their diagnosis is and outlines the treatment that they should follow. (1) Other appropriate responses should also be credited.	**2**	

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Question	Answer	Marks	Guidance
9(b)	**Explain why your suggestion in part (a) would be better for these patients.** Award 2 marks for explanation of why suggestion would be better for patients. Award 1 mark for a basic outline of explanation of why suggestion would be better for patients For example: Using simple language without medical terminology means that the patients will understand the diagnosis/treatment. (1) Therefore, when the patient uses the treatment at home they will know how to carry it out correctly (e.g. how to use medical equipment such as an inhaler). (1) The findings of Savage and Armstrong show that patients prefer a doctor-centred (directing) style of consultation. (1) Patients reported they felt the doctor understood their problem and the quality of the explanation given were better in the doctor-centre style compared to the sharing style of consultation. (1) Other appropriate responses should also be credited.	2	Outline why it would be better for patients. (e.g. understand what the doctor is saying, feel the doctor is professional) = 1 mark Effect of this on the patient (e.g. less anxious/embarrassed, can carry out treatment correctly) linked to the suggestion = 1 mark

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Question	Answer	Marks	Guidance
10(a)	**Outline what is meant by the nature versus nurture debate.** Award 2 marks for an outline of the term/concept in the context of the debate. Award 1 mark each for a basic outline of the term/concept. Example: The extent to which human behaviour is a result of our innate traits or our environment. (2) OR Nature is where behaviour is caused by inborn/genetic traits. (1) Nurture is where behaviour is caused by the environment / is learned. (1) Other appropriate responses should also be credited.	**2**	

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Question	Answer	Marks	Guidance
10(b)	**Explain <u>one</u> strength of the gate control theory of pain, from the nurture side of the debate.** Award 2 marks for a detailed explanation of the strength in context. Award 1 mark for a basic outline/identification of strength. Strengths might include: • Application to everyday life: This theory suggests that when someone experiences pain, they have some control over this perception. Techniques such as imagery and attention diversion can be learned and used to help close the gate and reduce pain. • Free will: Pain is something that people have control over. The perception of pain is not something we are born with but something where we can exert some control through learning (nurture) techniques to reduce this pain (close the gate). • Holistic: Gate control theory is a more holistic explanation of pain by extending specificity theory to include psychological gates. These psychological gates can be due to learning. For example, a young child will often look to their carer when they hurt themselves. The child often cries more if their carer seems concerned about their injury. Example: Gate control theory suggests that pain can be controlled through learning how to close the psychological gates which will reduce the perception of pain. (1) This has good applications to everyday life as patients can be taught techniques such as imagery or attention diversion to reduce their experience of pain. (1) Other appropriate responses should also be credited.	**2**	Context = gate control theory of pain

Question	Answer	Marks	Guidance
11(a)	**Becky has broken her leg and is in a lot of pain. She has tried both biochemical and psychological treatments for the pain. Her doctor has suggested that she uses an alternative treatment.** **Outline <u>two</u> alternative treatments that Becky could use to manage her pain.** For each suggested treatment: Award 2 marks for an outline of an alternative treatment to manage Becky's pain. Award 1 mark for a basic outline/identification of an alternative treatment to manage Becky's pain. Syllabus content: • alternative treatments: acupuncture; stimulation therapy/TENS Likely responses: Acupuncture TENS (simulation therapy)	**4**	1 mark = outline of treatment 1 mark = why or how to reduce pain. 1 mark if candidate identifies both TENS and acupuncture on their own. Allow for acupuncture that through the insertion of needles this leads to muscle relaxation (or restoring life force leads to muscle relaxation). For TENS that the electric current leads to muscle relaxation. TENS – the electric current distracts the person from their pain. Yoga, aromatherapy, Chiropractic, massage, Tai Chi TENS may stimulate production of endorphins. No credit for meditation/mindfulness, relaxation, attention diversion, non-pain imagery and cognitive redefinition (= psychological techniques).

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Question	Answer	Marks	Guidance
11(a)	For example **Acupuncture** – stimulates sensory nerves under skin/muscles in the leg producing endorphins which reduce pain. (1) OR Qi/life force is out of balance and acupuncture restores the flow of Qi so that the pain from the broken leg is cured. (1) **Stimulation therapy/TENS** – A mild electric current is passed between electrodes which are places on the skin around where the leg is broken (1) and should reduce the sensation of pain by flooding the nervous system, reducing its ability to transmit pain signals to the spinal cord and brain. (1) Other appropriate responses should also be credited.		

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Question	Answer	Marks	Guidance
11(b)	**For <u>one</u> of the treatments outlined in part <u>(a)</u>:** **Explain <u>one</u> weakness of this way for Becky to manage her pain.** Award 2 marks for an explanation of the weakness in the context of an alternative treatment for managing pain. Award 1 mark for a basic explanation of the weakness. Weaknesses may include: Acupuncture • Bleeding or bruising at insertion site. • Unsterilised needles may lead to infection. • A needle may break and damage internal organs. • Often not covered by national health/insurance and may need multiple sessions (cost and time). TENS • Not all types of pain are reduced. • May cause burns if not used correctly. • Can be difficult to find the correct placement for effective treatment. Example: The pain from the broken leg may improve using acupuncture but Becky may get other effects that cause pain from acupuncture. (1) For example, bleeding or bruising may occur at the insertion site. (1) Other appropriate responses should also be credited.	**2**	Can credit a weakness of any treatment outlined in part (a) even if not 'alternative' treatment e.g. evaluates pain killers or psychological treatment. Acupuncture – can be uncomfortable for patients – don't credit that it is painful.

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Question	Answer	Marks	Guidance
12(a)	**Describe what psychologists have discovered about:** • **unrealistic optimism, and** • **positive psychology.** Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question. Candidates must discuss both features of unrealistic optimism (reason for disregarding positive health advice) and positive psychology (defining positive psychology), but they do not need to use the Weinstein or Shoshani and Steinmetz examples from the syllabus. **Unrealistic optimism (reason for disregarding positive health advice)** Unrealistic optimism is believing that you are less likely to experience negative health compared to other people or objective indicators that you will experience poor health. The person thinks they are more likely to experience good health or have a good outcome when they do receive a diagnosis of a condition. For example, someone who has had a heart attack will believe they are more likely to not experience one again, will recover fully after treatment, will not have to make changes to their diet and exercise to avoid the heart attack happening again in the future.	**6**	Award up to 4 marks where the response has described only part of the question even if the response otherwise meets the criteria for Level 3.

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Question	Answer	Marks	Guidance
12(a)	**Weinstein, 1980** Two studies. Study 1 found college students rated their own changes to be above average for experiencing positive events and below average for experiencing negative events from a list of 42. Study 2 asked students to list factors they thought would influence their own chances of experiencing 8 future events. When a second group of students read it they reported less unrealistic optimism for the same 8 events. This led the researchers to conclude that the unrealistic optimism was only experienced when people focus on their own chances of achieving these outcomes and don't realise that others may have just as many factors in their favour. **Positive psychology: defining positive psychology** Pleasant life – Enjoying daily pleasures in life; doing things you enjoy. For example, eating good food, doing activities you enjoy (reading, walks, sport, watching films, games, etc.). Good life – Feeling you have experienced more positive than negative things in your life. Feeling your life has been well lived. Positive connections to other people (e.g. good relationships with others, satisfying work and enjoyable activities outside of work). Meaningful life – Having a purpose in your life that is greater than oneself. Being involved in service to others (e.g. charitable work/donations, altruistic behaviour).		

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Question	Answer	Marks	Guidance
12(a)	**Shoshani and Steinmetz (2014)** Aim – Our major aim in this research was to examine whether participation in the intervention program predicted better mental-health outcomes throughout the middle-school years. Participants 537 seventh – ninth-grade students participated in a 1 year intervention program and were compared to 501 students in a demographically similar control school in Israel. Method – 2-year longitudinal repeated measures design. The study assessed pre- to post-test modifications in psychological symptoms and distress and in targeted well-being factors that were promoted in the experimental but not in a wait list control condition. Measures taken • Demographic information • Brief Symptoms Inventory (BSI) • The Rosenberg Self-Esteem Scale (RSE) • The General Self-Efficacy Scale • Satisfaction with Life Scale (SWLS) • The Life Orientation Test-Revised (LOT-R)		

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Question	Answer	Marks	Guidance
12(a)	Intervention group had teacher training and alongside this delivered 15 lessons to students on positive psychology including activities, discussions, film clips and stories/poems. Control Group – regular social science lessons where their discussed issues relating to adolescence but no reference made to positive psychology. Results – The findings showed significant decreases in general distress, anxiety and depression symptoms among the intervention participants, whereas symptoms in the control group increased significantly. In addition, the intervention strengthened self-esteem, self-efficacy and optimism, and reduced interpersonal sensitivity symptoms. Conclusion – Demonstrate the potential benefits of evidence-based positive-psychology interventions for promoting school-children's mental health and point to the crucial need to make education for well-being an integral part of the school curriculum. Other appropriate responses should also be credited.		

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Question	Answer	Marks	Guidance
12(b)	**Evaluate what psychologists have discovered about:** • **unrealistic optimism, and** • **positive psychology,** **including a discussion about the idiographic versus nomothetic approach.** **Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates.** Use Table B: AO3 Analysis and evaluation to mark candidate responses to this question.A range of issues could be used for evaluation. These include: • **Named issue – idiographic versus nomothetic approach** **Idiographic** – The type of unrealistic optimism a person will experience will be individual to them. The experiences of both good and poor health as well as the types of health advice and treatments offered will be individual. The experiences of pleasant, good and meaningful life, similarly, will be individual to the person. What gives one person happiness, good relationships, meaning in life will be unique to each person. **Nomothetic** – Both theories do offer a general law. Unrealistic optimism is that most people have an unrealistic view of their health – that they will not experience poor health and if they do, they will have a good outcome after treatment. Positive psychology – in order to experience happiness, we must have a pleasant, good and meaningful life.	**10**	

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Question	Answer	Marks	Guidance
12(b)	• **Individual and situational explanations –** Unrealistic optimism is mainly an individual explanation as the person is ignoring things in their situation that are indicating poor health/poor health outcomes (e.g. advice from doctors). Positive psychology is both individual (what makes a pleasant, good and meaningful life is unique to each person) and situational as factors in the situation will influence happiness. For example, the availability of charity work, fulfilling employment, leisure activities, etc. • **Cultural differences –** Both theories are from a Western perspective. Unrealistic optimism may be due to the ready availability of good medical care which leads people to think that they will recover fully from any poor health. People living in countries where there is less access to good medical care (and they may know of people who have had poor outcomes) could lead to less of this optimism. Similarly, positive psychology is Western/affluent countries where there are more opportunities for leisure activities and charitable work. In some countries, most people may need to spend their time earning enough to support their daily basic living needs and have little opportunity for leisure, charity, etc. • **Psychometrics –** e.g. Weinstein's 42 life events Strengths – quantitative data so comparisons can be made; objective data; reliable. Weaknesses – lacks qualitative data/not in-depth, self-report so can be open to demand characteristics/social desirability. • **Generalisations from findings** – Weinstein used college students from Rutgers University, New Jersey USA. This university attracts a diverse group of students. Study 2 had 120 female students from Rutgers who were doing an introductory course in psychology.		

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Question	Answer	Marks	Guidance
12(b)	Additional issues/debates candidates may include: • Application to everyday life • Evaluation of quantitative data • Evaluation of self-reports used • Reliability • Validity • Reductionism versus holism Other appropriate responses should also be credited.		

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Section D: Organisational Psychology

Question	Answer	Marks	Guidance
13(a)	**Feba is a manager in an IT company. She has decided to monitor her employees while they work from home to improve their productivity on their tasks.** **Suggest <u>one</u> way that Feba could monitor the productivity of her employees while they work at home.** Award 2 marks for an outline of monitoring employees' productivity. Award 1 mark for a basic outline/identification of monitoring employees' productivity. Syllabus content: Performance monitoring of employee productivity (exemplified by the following key study). Key study looking at concentration levels when being monitored: Claypoole and Szalma (2019), focus on experiment 1, specifics of methodology for experiment 2 will not be needed. Likely suggestions: • Webcam • Video recorder • Electronic performance monitoring • Counting/monitoring mouse clicks/movements Example: Feba could set up a webcam on the employee's home computer. (1) This will monitor productivity as Feba will be able to see when her employees are working and how long it takes them to submit a task. (1) Other appropriate responses should also be credited.	**2**	1 mark – specific idea (not just identification) 1 mark – how it will monitor productivity

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Question	Answer	Marks	Guidance
13(b)	**Explain why the way you have given in part (a) would improve productivity on tasks.** Award 2 marks for an explanation of why the application would improve productivity. Award 1 mark for a basic outline/identification of why the application would improve productivity. Example: The findings by Claypoole and Szalma were that sustained attention improved in the participants when they were being monitored by the webcam compared to the control group that wasn't being monitored. (1) Feba monitoring her employees using a webcam should find that productivity on tasks increases while she is monitoring them as they will feel pressured to work while being watched. (1) Other appropriate responses should also be credited.	**2**	Hawthorne effect is creditworthy if relevant to the way suggested in part (a).

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Question	Answer	Marks	Guidance
14(a)	**Outline what is meant by 'holism', including an example from Thomas-Kilmann's five conflict-handling modes.** Award 2 marks for an outline of the term/concept in context. Award 1 mark for a basic outline of the term/concept. Example: Behaviour can be explained by looking at all the components that make it up OR take a big picture view of behaviour. (1) Thomas-Kilmann's five conflict model can be considered to be holistic as it suggests that conflict is made up of many components – the individual employees involved, the situation where conflict has arisen and the best strategy to resolve this conflict (1). Thomas-Kilmann offers five strategies (e.g. competition and compromise) and suggest that each conflict will require a different approach. (1) Other appropriate responses should also be credited.	**2**	Context = Thomas-Kilmann's five conflict handling modes. No credit for stating the theory has five modes and is therefore a complex way of handling conflict as re-stating what is in the Q. Competition, Collaboration, Compromise, Avoidance, Accomodation.

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Question	Answer	Marks	Guidance
14(b)	**Explain <u>one</u> weakness of holism, using an example from Thomas-Kilmann's five conflict-handling modes.** Award 2 marks for a detailed explanation of a weakness in context. Award 1 mark for a basic explanation of a weakness. Likely weaknesses: • Difficult to identify a single cause of the conflict. • Difficult to train managers/employees to resolve conflict as there are so many different ways of resolving it. • Hard to know if the conflict has been resolved for everyone involved. Example: One weakness of holism is that it is difficult to establish a single cause of the behaviour/conflict. (1) Employees could appear to be using the avoiding conflict handling mode, but it will be difficult for the manager to determine if this is true for all involved or the is the only cause of the conflict. Other appropriate responses should also be credited.	**2**	1 mark for outline of weakness (either generic or specific to T-K and holism). 1 mark for example from T-K.

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Question	Answer	Marks	Guidance
15(a)(i)	**Joseph works on a production line in a car factory. He forgot to use eye protection during his shift and damaged his eye.** **Explain the type of human error made by Joseph.** Award 2 marks for an explanation of the type of error made by Joseph. Award 1 mark for a basic explanation of the type of error made by Joseph. Example: Joseph made an error of omission OR an error where a behaviour should have been performed but is not. (1) He should put on his protection goggles when he is working on the production line, but he forgot to do this. (1) Other appropriate responses should also be credited.	**2**	1 mark for identifying/outlining error of omission. 1 mark for link to Jospeh as to why it is an omission.

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Question	Answer	Marks	Guidance
15(a)(ii)	**Suggest <u>one</u> way the management at this car factory could avoid this type of human error.** For the suggested way: Award 2 marks for a suggestion of a way to avoid this type of human error. Award 1 mark for a basic outline of a suggestion of a way to avoid this type of human error. Suggestions may include: • Token economy • SMART target to reduce error of omission • Safety supervisor • Safety training Example: The management of this car factory could introduce a token economy system. (1) When the workers at the factory remember to put on their safety equipment before starting work, they can be given a token that could be exchanged for goods. (1) Other appropriate responses should also be credited.	**2**	1 mark – specific idea 1 mark – why it will reduce error of omission/not wearing eye protection/human error

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Question	Answer	Marks	Guidance
15(b)	**For the way you suggested in part (a)(ii):** **Explain <u>one</u> weakness of this way to avoid this type of human error.** Award 2 marks for an explanation of the weakness. Award 1 mark for a basic explanation of the weakness. Weaknesses may include: • Difficulties in monitoring whether the SMART target has been met. • Cost of implementing a token economy system. • The workers may not want the goods that they can exchange for their tokens. Example: One weakness of introducing a token economy system/SMART target is that it may be difficult for the manager to monitor whether the target has been met. (1) Car factories are very busy places when there is a shift change and it may be difficult for the manager to see each employee to check that they are wearing all their protective gear. (1) Other appropriate responses should also be credited.	**2**	Outline of weakness.

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Question	Answer	Marks	Guidance
16(a)	**Describe what psychologists studying motivation to work have discovered about:** • **Maslow's hierarchy of needs, and** • **McClelland's theory of achievement motivation.** Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question. Candidates must discuss both Maslow's hierarchy of needs and McClelland's theory of achievement motivation, but do not need to use the example of Saeednia's study from the syllabus. **Hierarchy of needs - Maslow** Maslow's theory proposes a hierarchy with the most basic needs of an individual at the bottom and gradually becoming more complex as the hierarchy is climbed. Originally proposed as a five-tier hierarchy it was further expanded to 7 and then 8 levels (as illustrated). In the original model: 1. Physiological (survival)– food, drink, warmth, shelter etc. 2. Safety – security and protection from harm; a need for law and order (e.g. safety protocols at work) 3. Social – need for relationships, affection and family 4. Esteem – need for achievement, mastery and status 5. Self-actualisation – realising potential and fulfilment	**6**	Award up to 4 marks where the response has described only part of the question even if the response otherwise meets the criteria for Level 3. Max L2 if not linked to motivation at work or just work. 5 marks – 1 linked 6 marks – both linked

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Question	Answer	Marks	Guidance
16(a)	In order to progress to higher levels, Maslow believed the more basic needs had to be satisfied. Workers have to have their physiological needs met before they can progress to the next level of the pyramid. The additional needs added: • Cognitive – having knowledge and understanding • Aesthetic – appreciation for art, music, beauty • Transcendent – helping other to self-actualise **Saaednia (2011)** Study designed to develop reliable measure of basic-needs-satisfaction of young children. 13 participants had an open-ended interview that collected qualitative data (the participant, parent and educator interviewed). Measure was developed and included Maslow's five needs plus the need to know and understand which was then given to 300 participants. Found measure to reliable and relatively valid. **Achievement motivation – McClelland** McClelland asserted that we have 3 work-related needs. All workers need: 1 Achievement – the desire to get a job done, master tasks and be successful. We want to be able to achieve on the basis of hard work rather than luck. 2 Affiliation – the desire to be accepted and liked by others. Effort is employed to create and maintain friendships and relationships with colleagues. 3 Power – the desire to influence others' lives as well as in the control of others. The need for discipline is important.		

Question	Answer	Marks	Guidance
16(a)	Like ERG theory, achievement motivation is not a hierarchy. McClelland asserted that good managers have the need for power, not necessarily the need for achievement and certainly not the need for affiliation. Need for affiliation can be measured using the Thematic Apperception Test (TAT). These are a series of ambiguous images that an individual is asked to interpret. Other appropriate responses should also be credited.		

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Question	Answer	Marks	Guidance
16(b)	**Evaluate what psychologists studying motivation to work have discovered about:** • **Maslow's hierarchy of needs, and** • **McClelland's theory of achievement motivation, including a discussion about determinism versus free-will.** **Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates**. Use Table B: AO3 Analysis and evaluation to mark candidate responses to this question. Depending on the examples studied by candidates their answers may vary. A range of issues could be used for evaluation. These include: • **Named issue – determinism versus free will** – Maslow's hierarchy was born out of the humanistic approach in psychology. This approach is the least deterministic of all approaches and so free will should be an essential principle. However, the hierarchy of needs appears to have deterministic elements. For example, the fulfilment on one level in order to progress to another is deterministic and more so than is present in McClelland's theory which is not hierarchical. • **Applications to everyday life** – the fact that Maslow's hierarchy is so well-known in management courses/organisations is testament to its usefulness. Clearly ideas from within both theories can be used to apply to organisations to motivate employees e.g. making sure workers feel safe and secure in their work environment as without this need being met, they will not be able to work with a desire to succeed.	**10**	

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Question	Answer	Marks	Guidance
16(b)	• **Individual and situational** – Both can be seen as individual to an extent because each of us will have different individual needs and one individual may feel safe while another does not. However, as they are all based around motivation, it is clear that in many cases a manipulation of the environment (the situation) can change motivation. • **Cultural differences** – All of these need theories do focus on 'need'. The needs of the individual are very much a Western focus and so such theories are less likely to apply in more collectivist cultures where needs would be seen as group needs rather than those of the individual and so these ideas would not apply. The Saeednia study was carried out in Tehran, Iran which is a wealthy city, and the researcher notes that results cannot be applied to rural areas. • **Validity** – of the Saeednia study (or any relevant study) may be considered with issues surrounding the collection of qualitative data, interviews, generalisability, etc. For example, the study has good validity as the results from the interview with the child participant were then checked with the parent and educator. The TAT gives qualitative data, but it may be difficult for the interviewer to determine the need for affiliation. Issues surrounding difficulties in determining where employees are in the hierarchy or how satisfied a worker is with their three needs being met at work may be discussed. Additional issues candidates may include • ethics • evaluation of self-reports • reliability Other appropriate responses should also be credited.		

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