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CAMBRIDGE
International Education

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PSYCHOLOGY **9990/32**

Paper 3 Specialist Options: Approaches, Issues and Debates **October/November 2025**

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.

Cambridge International will not enter into discussions about these mark schemes.

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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.

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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)

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).

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3 Calculation questions:

- The mark scheme will show the steps in the most likely correct method(s), the mark for each step, the correct answer(s) and the mark for each answer
- If working/explanation is considered essential for full credit, this will be indicated in the question paper and in the mark scheme. In all other instances, the correct answer to a calculation should be given full credit, even if no supporting working is shown.
- Where the candidate uses a valid method which is not covered by the mark scheme, award equivalent marks for reaching equivalent stages.
- Where an answer makes use of a candidate's own incorrect figure from previous working, the 'own figure rule' applies: full marks will be given if a correct and complete method is used. Further guidance will be included in the mark scheme where necessary and any exceptions to this general principle will be noted.

4 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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Annotations guidance for centres

Examiners use a system of annotations as a shorthand for communicating their marking decisions to one another. Examiners are trained during the standardisation process on how and when to use annotations. The purpose of annotations is to inform the standard isation and monitoring processes and guide the supervising examiners when they are checking the work of examiners within their team. The meaning of annotations and how they are used is specific to each component and is understood by all examiners who mark the component.

We publish annotations in our mark schemes to help centres understand the annotations they may see on copies of scripts. Note that there may not be a direct correlation between the number of annotations on a script and the mark awarded. Similarly, the use of an annotation may not be an indication of the quality of the response.

The annotations listed below were available to examiners marking this component in this series.

Annotations

Annotation	Meaning
	Correct point
	Incorrect point
BOD	Benefit of doubt
CONT	Context
IRRL	Irrelevant
AN	Analysis
REP	Repetition
	Unclear
L1 L2 L3	Level 1 Level 2 Level 3

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Annotation	Meaning
L4 L5	Level 4 Level 5
NAQ	Not answering question
SEEN	Seen
	Strong
	Weak

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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**).

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	**Halema has been having depressed moods. Her psychiatrist thinks Halema has either depressive disorder (unipolar) or bipolar disorder.** **Suggest <u>two</u> differences that may be seen in Halema's behaviour that would help distinguish between depressive disorder (unipolar) and bipolar disorder.** For each difference Award 2 marks for a suggestion with clear understanding of the difference between depressive disorder and bipolar disorder. Award 1 mark for a basic answer Likely answers: • Presence of manic episodes where mood is high only in bipolar disorder • Periods of mixed episodes (mania and depression) in bipolar disorder only. • Descriptions of features of mania that would not be seen in depression (e.g. feeling very high and elated, feeling extremely irritable or touchy, reduced need for sleep) Examples: If Halema has bipolar disorder, she is likely to experience manic episodes, where she is excessively euphoric and energised (1). She may be extremely talkative and this will last at least one week (1). However, with depressive disorder she will not have manic episodes (1). Halema could experience mixed episodes where her mood will cycle rapidly between depression and mania if she has bipolar disorder (1). If she has depressive disorder her mood will remain low for a significant length of time (1). She would experience difficulty in concentrating, recurrent thoughts about death, guilt, and/or sleep disturbances (1). Other appropriate responses should also be credited.	**4**	Annotation – one tick per mark. 1 mark for the difference 1 mark for detail such as an example. List of symptoms = 1 mark if unclear that there are different episodes of these symptoms for bipolar. **Time -** For example – 1 difference is that bipolar switches between mania and depression (1) and depression is just low mood OR no switching OR it is constant. (1) **Symptoms –** Difference is that bipolar includes mania/euphoria/extremely irritable followed by depression but unipolar is just loss of appetite, low mood, sleep disruption.

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Question	Answer	Marks	Guidance
2(a)	**Outline learned helplessness as an explanation of depressive disorder.** 1 mark = learned helplessness definition 1 mark = how does this explain depressive disorder Example: Learned helplessness explains depression as being the result of a perceived lack of control over situations (1). Depression occurs when the person stops trying to help themselves (1) because they believe nothing that they do will make things better (1). Other appropriate responses should also be credited.	**2**	Can credit reference to Seligman's dog study if the response outlines what is meant by learned helplessness and/or states how this explains depressive disorder.
2(b)	**Explain how the learned helplessness explanation of depressive disorder is an individual explanation.** 1 mark = what is an individual explanation 1 mark = link to learned helplessness. Examples: The learned helplessness explanation is individual (as opposed to situational) because the sufferer believes that they have a lack of control which makes them feel depressed because of their own personal experiences and thoughts (2). Two individuals could find themselves in the exact same situation but one will feel they can exert control and escape the situation (1) whereas the other does not. The one who is helpless has an individual view of the world that is different to that of other people (1). Other appropriate responses should also be credited.	**2**	

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Question	Answer	Marks	Guidance
3(a)	**Blake has schizophrenia. His psychiatrist suggests treating him with atypical antipsychotics rather than typical antipsychotics.** **Suggest <u>two</u> reasons why atypical antipsychotics could be a suitable treatment for Blake.** For each reason: 1 mark for identifying the reason. 1 mark for detail. Likely answers: • Atypical antipsychotics treat both positive and negative symptoms • Fewer/less severe side-effects • More effective than typicals Answers could also be in terms of antipsychotics in general • Evidence of effectiveness. • Controlling positive and/or negative symptoms will make Blake more ready to accept other types of therapy such as CBT Examples: If Blake's psychiatrist prescribed typical antipsychotics, Blake is more likely to experience severe side-effects such as tardive dyskinesia/movement disorder (1), where he would have sudden jerky movements in his face and body (1). Such side effects may cause him to stop taking his medication (1). This is less likely to occur with atypical antipsychotics as side effects are less severe (1) meaning Blake would continue to receive the treatment he needs. Atypical antipsychotics will tend to treat both positive and negative symptoms of schizophrenia (1). If Blake has found the negative symptoms of flattened affect and lack of motivation (1) particularly problematic, the atypical antipsychotics are more likely to treat these and so help Blake to feel better (1). Other appropriate responses should also be credited.	**4**	Both block dopamine receptors but atypical blocks them for a shorter period of time which leads to less side effects. Must state why suggestion makes atypical a better choice compared to typical.

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Question	Answer	Marks	Guidance
3(b)	**Explain <u>one</u> weakness of using antipsychotics to treat schizophrenia.** 1 mark for identifying the weakness. 1 mark for explanation/example of the weakness. Likely weaknesses: • Patient may forget to take them, especially if feeling 'well' causing relapse • Passive treatment • Range of side effects, some of which can be at least debilitating, others very serious. • Chemical cosh • Can develop tolerance leading to breakthrough symptoms / positive symptoms most likely to breakthrough. Negative symptoms can but return more slowly. Example: One weakness of using antipsychotics to treat schizophrenia is that it is a passive treatment (1). The patient is not really engaged in making themselves better but simply taking a pill (1). This means that they could be seen as less invested in their own recovery (1). Other appropriate responses should also be credited.	**2**	Simply stating that it will lead to relapse with no explanation = 0.

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Question	Answer	Marks	Guidance
4(a)	**Describe the following treatments for anxiety disorders and fear-related disorders:** • **cognitive-behavioural therapy (CBT), and** • **applied tension focusing on treating blood/injection/injury phobia.** Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question. Syllabus content: Treatment and management of anxiety disorders and fear-related disorders – psychological therapy (exemplified by the following key study): • Cognitive-behavioural therapy (CBT) • Applied tension focusing on treating blood/injection/injury phobia Key study on treating blood/injection/injury phobia using cognitive-behavioural therapy (CBT) with applied tension: Chapman and DeLapp (2013). Candidates would be expected to describe the therapies themselves. They can be credited for referencing the study **Cognitive-behavioural therapy (CBT)** This therapy is where the patient and therapist identify faulty thinking about the object/experience that the patient has a phobia about. The patient is taught relaxation techniques and practices these between sessions when faced with the phobic object. The patient is also taught to think alternative thoughts about the phobic object when presented with it (e.g., most dogs do not bite). In the case study, T was educated about how common phobias are and he created a fear hierarchy, which he worked through. Subjective Unit of Discomfort Scale (SUDS), which was used to give ratings of his anxiety (from 0–100) at different stages of the hierarchy exposure. CBT also encourages patients to practice coming up with alternative thoughts between sessions.	**6**	*Annotations:* Add the levels to get the mark awarded e.g. NAQ and L2 = 2 marks, L1 and L2 = 3 marks, L1 and L3 = 4 marks, L3 and L3 = 6 marks Plus, overall level at the bottom of the response as follows: 1 or 2 marks = L1 3 or 4 marks = L2 5 or 6 marks = L3 If the response describes Chapman and DeLapp study on its own must clearly identify which is CBT and which is Applied Tension in the study for L3.

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Question	Answer	Marks	Guidance
4(a)	**Applied tension** Developed to help people who have a phobia of blood and/or needles and faint at the sight of them. This involves tensing the muscles in the body to raise blood pressure and makes it less likely the person will faint. In the case study, applied tension with T was used together with cognitive-behavioural therapy. Before treatment, T's self-assessments showed he had severe anxiety surrounding blood and injections. During the therapy sessions T was able to experience each stage of this fear hierarchy, without his SUDS becoming too high. This ended with him having blood taken (SUDS of 40/100 initially, then soon dropping to 'nothing') with only minimal applied muscle tension used. At 4-, 10-, and 12-months post-treatment, T reported back on that he no longer showed fear or terror to medical-related stimuli. Other appropriate responses should also be credited.		

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Question	Answer	Marks	Guidance
4(b)	**Evaluate following treatments for anxiety disorders and fear-related disorders:** • **cognitive-behavioural therapy (CBT), and** • **applied tension focusing on treating blood/injection/injury phobia, including a discussion of generalisations.** 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 – generalisations** – There is a great deal of evidence for the success of CBT in a range of mental illnesses. There is also evidence of the success for applied tension as a treatment for haemophobia (blood/injection phobia). It is possible that applied tension does not work well (cannot be generalised to) other anxiety disorders or even other phobias. In terms of the study by Chapman and DeLapp this is a single case study. It could be that another patient would not be treated as effectively as T and not necessarily receive the same type of combined CBT / applied tension treatment as T. However, unlike other phobias, blood and injection phobias can be quite debilitating in a number of individuals, particularly for those who need to undergo a lot of medical treatment so findings may be quite generalisable despite only being undertaken on one participant. • **Idiographic versus nomothetic** – Use of this CBT / applied tension can be seen to be idiographic as it was a case study. However, there is no reason why it may not apply to others with phobias and fear related disorders too, making this more nomothetic. The use of the various questionnaires and assessments will be making use of standardised assessments which will have been based upon results from large numbers of people, making these assessments nomothetic such as Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), and Blood-Injection Symptom Scale (BISS) • **Case studies –** Chapman and DeLapp is a case study of one individual. The advantages of case studies are the acquisition of a great deal of data, enabling detail to be established. In this case this includes a variety of objective and quantitative measures, together with subjective data. However, case studies are not necessarily easy to generalise (see generalisations from findings).	**10**	For each evaluation point/issue/strength/weakness /paragraph assess each and record level on left hand side. Use AN for analysis and CONT for specific detail. Overall level awarded underneath the candidate's response as follows – 'best fit' from individual points e.g. if all L2 award L2 regardless of how many, e.g. 6 L2 = 4 marks. If 1 L4 and 2 L3 award L4 (but give 7 rather than 8 marks). If only 2 points but different levels not usually sufficient for the higher level overall, e.g. 1 L1 and 1 L2 = L1 (2 marks). e.g. 1 L2 and 1 L3 = L2 (4 marks).

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Question	Answer	Marks	Guidance
4(b)	• **Self-reports –** A large number of questionnaires and assessments were used in the Chapman and DeLapp study including Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), Blood-Injection Symptom Scale (BISS), Quality-of-Life Satisfaction Questionnaire (Q-LES-Q), all of which allowed comparisons to be made before and after treatment in an objective manner. In addition, the subjective Unit of Discomfort Scale (SUDS), which was personalised to T, also enabled comparisons to be made. Qualitative reports after the study gave information about the success of the treatment. However, questionnaires can carry a risk of participants exaggerating or downplaying their symptoms in a way that more biomedical assessments will not. • **Longitudinal studies –** As the case study was carried out over some 9 sessions and then findings were further looked at for at least 12 months, this enabled change to be seen in T over an extended period of time. This is a strength because it is the same individual being looked at and it could enable researchers to discover an optimum number of sessions for successful treatment. Other possible issues/debates • Nature versus nurture • Determinism vs Free will • Reductionism vs holism • Quantitative data • Psychometrics Other appropriate responses should also be credited.		

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Question	Answer	Marks	Guidance
5	**Clive is the manager of a shopping mall. He is aware of the pleasure-arousal-dominance (PAD) model. Clive wants to use a pleasant odour in the mall.** **Suggest <u>two</u> effects this pleasant odour could have on shoppers.** For each suggestion: 1 mark for effect 1 mark for link to study or detail of effect on shoppers. Syllabus reference: Retail atmospherics – the effects of odour on shopper pleasure-arousal-dominance, including a study, e.g., Chebat and Michon (2003). Likely suggestions (do not have to agree with findings from Chebat and Michon): • Shoppers like the smell, causing arousal and spend longer in the mall (than without the odour) • Shoppers spend more money • Shoppers will feel happier and more satisfied • Shoppers visit more outlets • Shoppers feel happier • Shoppers rate the shops in the mall as higher quality (than without odour) Examples: As customers will find the odour pleasant, this would lead to them spending a greater amount of time at the mall (1) than without the odour. Leading to them visiting more outlets and spending more money (1). Customers will find the smell arousing and enjoy their shopping experience more (1). This could lead to them coming back sooner than if there was no odour (1) and this could increase profits due to a greater number of customers in the mall (1). Other appropriate responses should also be credited.	**4**	Max 3 marks if the response does not make it clear that there are two effects. No marks for the effect that odour is pleasant (this is in the Q), however can state pleasant odour will lead to the shopper buying more (1) or spending longer in the mall (1).

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Question	Answer	Marks	Guidance
6(a)	**Outline the nomothetic approach, including an example from the effect of sound on consumer behaviour.** 1 mark – definition of nomothetic 1 mark – example from effect of sound on consumer behaviour. Example: A nomothetic approach uses large samples of participants to establish general laws of behaviour (1). For example, experimental evidence shows that the taste is perceived as less intense in noisy conditions than quiet ones (1). Other appropriate responses should also be credited.	**2**	Collection of quantitative data is acceptable as definition of nomothetic approach.
6(b)	**Explain <u>one</u> strength of using a nomothetic approach in psychology.** 1 mark for identifying strength. 1 mark for detail linking strength to nomothetic approach. Likely answers: • Use of large numbers of participants makes finding more likely to be generalisable • Findings that apply to large numbers of participants are likely to be more useful particularly in terms of predictive value • The establishing of general laws of high predictive value makes psychology be seen as more scientific • Scientific and predictive theories can be seen to be more credible increasing the status of psychology Example: One strength of using a nomothetic approach in psychology is that the laws established will have come from a large number of participants (1). As a result, these laws will have high predictive value (1). This means they could potentially be used to help people, e.g., research on the success of therapies that establishes that they work with large numbers of people could be used with even more people, potentially making their lives better (1). Other appropriate responses should also be credited.	**2**	'Data is quantitative' is not a strength. 'Quantitative data means comparisons are easier to make' = 1

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Question	Answer	Marks	Guidance
7	**Nandi is a chef in a local restaurant. She is designing a menu and knows that food names can affect customers' menu item choice.**		
7(a)	**Suggest how Nandi could use her knowledge about food names when designing a menu for her restaurant.** Syllabus content: • Menu design psychology – the effect of food name on menu item choice, including a study, e.g., Lockyer (2006). Award 3–4 marks for a detailed description of how Nandi can use her knowledge about food names in context. Award 1–2 marks for a basic description of how Nandi can use her knowledge about food names. Likely suggestions may come from the study by Lockyer (2006) or from Wansink et al (2004). Examples: If Nandi uses a French description for a soup dish such as consommé julienne (1) is likely to lead to it being rated less appealing by customers (1) than if the description is more seasonal such as spring vegetables garnished in a fresh clear soup (1). She should use the second option as if customers find the item more appealing, they are more likely to order it (1). Plain statements about dishes such as seafood filet (1) will not be sold as much as those with more evocative names like Succulent Italian Seafood Filet (1). Customers are likely to rate the more descriptive name as more appealing to the eye (1), tasting better (1), feeling satisfied after eating it (1), and having more calories than the basic descriptions (1). All of these examples could lead to more sales for the more descriptive menu item (1). Other appropriate responses should also be credited.	**4**	Research has found many different types of food names on menus effect customer choice. A lot of the research findings/conclusions are contradictory. 1 mark – example of food name (max 2 marks) 1 mark – what name contains e.g. fresh, seasonal ingredients or simple to understand (2 marks max) 1 mark – effect of food name on diner (something the diner might say – such as tastes delicious or a behaviour – more likely to order it. (max 2 marks) e.g. A name like 'grandma's homemade lasagna (1) 'sounds nostalgic so tastes good (1) and they will purchase it. (1)

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Question	Answer	Marks	Guidance
7(b)	**Explain <u>one</u> problem with carrying out research into the effect of food names on menu item choice.** 1 mark identifying/explaining the problem 1 mark for link to effect of food names on menu item choice. Likely problems • Difficulties associated with design of study e.g., repeated measures or problems in gathering data from questionnaires and/or interviews • Cultural differences in eating out or selecting from a menu • Difficulties generalising from the sample and/or type of restaurant • If lab study, problems with applying results to real world • If results of research lead to increased sales could this be seen as exploiting customers leading to ethical issues Examples: One problem could be the issue of generalisablity (1). For example, findings about food names in, say a small café in France, may not apply to a large chain fast-food restaurant in India (1). This would limit the usefulness of the findings (1). One problem could be that if an experiment is carried out on menu names, in order to reduce individual differences in the customers a repeated measures design is used (1). However, this means that if participants see both conditions in the study (both sets of names of menu items) this causes a demand characteristic (1). Participant will realise what is being investigated and, albeit unwittingly, may change their response to appear more helpful to the researcher (1). This would reduce the validity of the research findings (1). Other appropriate responses should also be credited.	**2**	

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Question	Answer	Marks	Guidance
8(a)	**Describe explanations and examples of compensatory, non-compensatory and partially compensatory strategies of consumer decision-making.** Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question. There are a number of possible consumer decision-making strategies that can be used by consumers. Consumers may vary between strategies, depending on the purchase and the individual. **Compensatory** A customer will allow the value of one attribute to compensate for another. For example, when buying a new car, the preferred model may compensate for a high mileage. Richarme (2005) described two compensatory strategies: • ***Equal weight strategy,*** where attributes are seen as being equally important (model of car and mileage are equally important). • ***Weighted additive strategy,*** where some attributes are more important e.g., valuing the low mileage much more highly than the make or model. **Non-compensatory** Each attribute is evaluated individually (rather than one compensating for another). So, when buying a new car, even if it was a good price, the ideal model, and had a low mileage, it would be immediately rejected if it was not the correct colour. Simon suggests three non-compensatory strategies: • ***Satisficing*** – the first product to meet the basic requirements is chose and no further consideration takes place e.g., if a new essential but basic item is needed, we might simply buy the first one seen. • ***Elimination by aspects*** – this sets a 'cut-off' value for the most important attribute and allows everything that meets that attribute to remain under consideration. These remaining items are assessed against the next attribute and so on. For example, when buying a washing machine, you might decide on the minimum capacity so anything of at least that capacity is considered, then you might consider another factor, such as choice of washing programs, for the remaining washing machines.	**6**	*Annotations:* Add the levels to get the mark awarded e.g. NAQ and L2 = 2 marks, L1 and L2 = 3 marks, L1 and L3 = 4 marks, L3 and L3 = 6 marks Plus, overall level at the bottom of the response as follows: 1 or 2 marks = L1 3 or 4 marks = L2 5 or 6 marks = L3 Mark compensatory/partially compensatory with one level AND Non-compensatory with second level. To achieve full marks must cover all 3. Can credit details of the Jedestski et al. study for compensatory/non-compensatory level.

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Question	Answer	Marks	Guidance
8(a)	• ***Lexigraphic*** – the most important attribute is evaluated and if one item is considered superior in terms of this attribute, this immediately stops the decision-making process, and the item is chosen. If one item does not emerge as best on the most important attribute, then consideration moves to the next attribute etc. For example, you need to buy a washing machine but have a large family so you will get the washing machine with the biggest capacity, and won't consider other factors. **Partially compensatory** These are a middle group between compensatory and non-compensatory strategies. Two examples are: • ***Majority of conforming dimensions*** – this strategy involves evaluating two products against all relevant attributes and keeping the one that does best. This one is then compared to the next product and so on until there is only one product left. For example, you might look at two washing machines and compare them on price, and disregard the more expensive one, then compare the cheaper one with another washing machine and so on. • ***Frequency of good and bad features*** – all products are compared to the appropriate cut-off values and the product that has the most positive features exceeding the cut-off values will be chosen. For example, comparing all washing machines on important factors, such as capacity, efficiency and price, and choosing the one that seems best across all factors. Other appropriate responses should also be credited.		

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Question	Answer	Marks	Guidance
8(b)	**Evaluate explanations and examples of compensatory, non-compensatory and partially compensatory strategies of consumer decision-making, including a discussion of application to everyday life.** 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 – application to everyday life –** These strategies all lend themselves well to everyday life examples and can be considered of practical value. – Application to everyday life must be evaluative and not descriptive. Giving an example of one of the strategies using a product that customers purchase (e.g. laptop, iPhone, BMW car) is descriptive. – Practical applications are creditworthy – if a company can identify which strategy most of their customers use, they can design their website to accommodate this e.g. if compensatory allow customers to select different models of a product and see a comparison of the feature where they differ and where they are the same. – However, it would be difficult to generalise as to whether the same customers use the same strategies all the time, or for only certain types of items (large, expensive purchases as opposed to small less important items). Are customers consistent in their use of strategies? What happens if purchase decisions are made alone as opposed to jointly e.g., buying a family car. • **Cultural differences –** In some cultures there may be far more choices available compared to others. With fewer choices of items to purchase, this would compromise the types of strategies available to consumers. Levels of affluence within a community could also be factors. In some less affluent cultures, different decision-making could be involved in purchasing food items than in others. • **Reductionism versus holism –** Making decisions are clearly quite complex procedures. It can be helpful to reduce decision-making to a variety of classifications but in doing so this may be losing the human and more whimsical aspects of everyday life.	**10**	For each evaluation point/issue/strength/weakness /paragraph assess each and record level on left hand side. Use AN for analysis and CONT for specific detail. Overall level awarded underneath the candidate's response as follows – 'best fit' from individual points e.g. if all L2 award L2 regardless of how many, e.g. 6 L2 = 4 marks. If 1 L4 and 2 L3 award L4 (but give 7 rather than 8 marks). If only 2 points but different levels not usually sufficient for the higher level overall, e.g. 1 L1 and 1 L2 = L1 (2 marks). e.g. 1 L2 and 1 L3 = L2 (4 marks).

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Question	Answer	Marks	Guidance
8(b)	• **Determinism versus free-will –** Having theories that are deterministic can be extremely helpful as it does allow predictions to be made. This could be helpful for sellers of, for example, washing machines or computers to know that people will tend to use certain predictable strategies. However, in decision-making there must be aspects that are less predictable and open to free-will. • **Idiographic versus nomothetic** – All of the strategies for decision-making seem to be geared towards establishing general laws and are thus nomothetic. This same decision making could be explored idiographically by getting a consumer to explain their choices to an interviewer. Additional issues candidates may include • Generalisations • Individual versus situational Other appropriate responses should also be credited.		

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Section C: Health Psychology

Question	Answer	Marks	Guidance
9	**Dr Jones knows that some of his adult patients do not take their medication every day. He wants to improve daily adherence in his patients.** **Suggest <u>two</u> ways that Dr Jones could use prompts to improve daily adherence to medication in his patients.** For each suggestion: Award 2 marks for a way to use prompts in context. Award 1 mark for a basic outline of how to use prompts. Syllabus content: Improving adherence – individual behavioural techniques: contracts, prompts, customizing treatment. Suggestions could include: • Text message • Phone call • Message on medication box • Mailed specific prompt Any others from Yokley and Glenwick (1984) that are relevant. As long as the suggestions are different then they can be credited. Examples: One prompt that could be used would be to add a sticker to the medication box containing the medication that includes the words “Remember to take me first thing in the morning” with perhaps a cartoon of the sun (2). Dr Jones could set up a text message service (1). Each morning at 10am the patients could be texted with the message, ‘Have you remembered to take your medication?’ (1). Other appropriate responses should also be credited.	**4**	

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Question	Answer	Marks	Guidance
10(a)	**Outline what is meant by the determinism versus free-will debate.** 1 mark definition determinism. 1 mark definition of free-will. Example: The determinism versus free-will debate examines the extent to which behaviour is due to internal or external forces (1) or within our own personal control (1). Other appropriate responses should also be credited.	**2**	
10(b)	**Explain why free will is important for <u>one</u> way to manage stress.** 1 mark for one way to manage stress. 1 mark for why this way is free-will or why it is important Ways to manage stress include: • Biofeedback • Use of imagery • Stress inoculation training Example: Biofeedback is a method for managing stress based upon learning to control some of the body's reactions to stress (1). This uses free-will because it is within the control of the individual to respond to the information given (1) and learn how to relax muscles or slow breathing to slow down the beeping noise (1). Other appropriate responses should also be credited.	**2**	

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Question	Answer	Marks	Guidance
11(a)	**Lydia has recently started a new job. She is also helping a sick relative at home. Lydia is irritable, anxious and often very tired. Lydia thinks these symptoms may be due to stress.** **Suggest how the GAS Model can explain the symptoms Lydia is experiencing.** Award 3–4 marks for a detailed answer with clear understanding of how the GAS model can explain Lydia's symptoms. Award 1–2 marks for a basic answer with some understanding of how the GAS model can explain Lydia's symptoms. Syllabus content: Sources of stress – physiology of stress: the GAS Model and effects of stress on health. Suggestions could include reference to: • Alarm reaction stage – cortisol and adrenaline give increased energy, increased heart rate and faster breathing to prepare for fight or flight. • Resistance stage – body returns to normal and repairs itself but remains on high alert for a while. If stressor passes then heart rate and bp return to normal and no lasting damage. But if stressor continues then body remains on high alert and adapts to live with this higher stress level (although we may be unaware). Outward signs of this would be irritability, frustration and poor concentration. If resistance stage continues for too long can lead to exhaustion stage. • Exhaustion stage – Can drain emotional, mental and physical resources and leave individual unable to fight the stress effectively. Signs of exhaustion include fatigue, depression, anxiety and a decreased tolerance for stress. Can lead to serious physical effects such as headache, insomnia, changes to appetite etc. Chronic stress could lead to Type 2 diabetes, substance abuse, high bp (increased risk of stroke or heart attack), and a weakened immune system.	**4**	

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Question	Answer	Marks	Guidance
11(a)	Example: Lydia's symptoms are high levels of irritability, anxiety and fatigue (1). In the GAS Model, the alarm reaction stage could explain how Lydia needs extra energy (1) to deal with stressful demands such as her new job (1). In the resistance stage of the GAS model, Lydia is continuing to experience her stressors as her job will be stressful for a while and her sick relative's needs continue (1). This can explain her experience of irritability as this is a characteristic experienced in the resistance stage (1). The exhaustion stage of the GAS Model would explain her tiredness and anxiety (1) as these are signs of the exhaustion Lydia is experiencing (1). Other appropriate responses should also be credited.		
11(b)	**Explain <u>one</u> weakness of the GAS model.** Award 2 marks for an explanation of the weakness in the context of the GAS Model Award 1 mark for a basic explanation of the weakness. Weaknesses may include: • Deterministic – not much individuals can do to prevent it or help themselves • Individual – does not explain different levels of response to the same stressors and how some people experience chronic effects and others do not • Reductionist – does not really look at the 'whole' person • Does not distinguish between physical, emotional and mental stressors Example: One weakness of the GAS model to explaining stress is that it could be seen as reductionist (1). By dividing the stress response into stages it can miss the complexity of experiencing stress (1). For example, in Lydia's case her new job could be a new stressor (putting her in the alarm reaction stage) but her sick relative is ongoing and she may be in the exhaustion stage in terms of caring responsibilities (1). The GAS Model fails to capture the complexity that the interaction of these stages may have on one another (1). Other appropriate responses should also be credited.	**2**	

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Question	Answer	Marks	Guidance
12(a)	**Describe the following types and theories of pain:** • **Types of pain: acute, chronic and phantom limb pain, and** • **Gate control theory of pain.** Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question. *Syllabus content* Types of theories of pain • Functions of pain; types of pain: acute and chronic pain. Focus on phantom limb pain and mirror treatment to include a case study. • Theories of pain: specificity theory, gate control theory **Types of Pain** ***Acute pain*** – comes on quickly and lasts a short period of time. Can be severe. Usually in a specific location and with an identifiable source. Easy to treat with pain medication, therapy or changes to environment. ***Chronic pain*** – long lasting (at least a month). Likely to be due to long-term behaviour factors or chronic illnesses such as cancer. Can be difficult to treat and can have effects on quality of life, mental health and relationships. Acute pain can develop into chronic pain if not treated effectively. Most common type of chronic pain is musculoskeletal, especially joint and back pain. ***Phantom limb pain*** – occurs when an individual who has lost a limb still experiences pain as coming from that area. It is very difficult to treat successfully. Some sufferers experience success with mirror treatment where the remaining limb is put into a box with a mirror down the middle. When viewed at an angel it looks to the patient as if they have two intact arms or legs. The patient then takes part in a range of movement exercises, and this eventually leads to a reduction in phantom pain in some patients.	**6**	*Annotations:* Add the levels to get the mark awarded e.g. NAQ and L2 = 2 marks, L1 and L2 = 3 marks, L1 and L3 = 4 marks, L3 and L3 = 6 marks Plus, overall level at the bottom of the response as follows: 1 or 2 marks = L1 3 or 4 marks = L2 5 or 6 marks = L3

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Question	Answer	Marks	Guidance
12(a)	**Gate Control Theory of Pain** Melzack & Wall (1965) proposed that the spinal cord contains a 'gate' that either prevents pain signals from entering the brain or allows them to continue. This explains why our emotional state, or our expectations affect how much something hurts. The gating mechanism occurs in the dorsal horn of the spinal cord, where both small nerve fibres (pain fibres) and large nerve fibres (fibres from touch, pressure etc.) carry information to. When there is more large fibre activity compared to small fibre activity people experience less pain (the pain gates are closed) when there is more small fibre activity, pain signals can be sent to the brain so that pain can be perceived (the pain gates are open). This explains why we rub injuries after they happen as this increase in normal touch sensation (large fibres) inhibits the activity of the pain fibres (small fibres) so perception of pain is reduced. Other appropriate responses should also be credited.		

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Question	Answer	Marks	Guidance
12(b)	**Evaluate the following types and theories of pain:** • **Types of pain: acute, chronic and phantom limb pain, and** • **Gate control theory of pain** **Including a discussion of nature versus nurture** 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 – nature versus nurture –** types of pain should mostly be nature as the type of pain is the result of a physical condition. However, phantom limb pain could have a nurture element to is and in particular mirror therapy. The gate control theory of pain is quite 'nature' based as it does seem to be based upon physiology. However, the theory does allow for the way in which emotions and expectation can affect the experience of pain, suggesting a more environmental influence on the experience of pain. • **Individual and situational explanations** – Clearly most of the types of pain are situational in cause. However, the experience of phantom limb pain and treatment of could be more individual. The gate control theory of pain has a situational aspect in the physiological experience of pain but also individual in that emotion and expectation of pain affect the experience. • **Reductionism versus holism** – the gate control theory of pain is reductionist as it is explaining the subjective experience of pain in terms of the different nerve fibres. However, the way the individual can add to that by, say rubbing the affected area, does make it more holistic. • **Determinism versus free will** – gate control theory is biologically deterministic. However, the way that our expectations of pain affect that experience is less deterministic. Acute and chronic pain are deterministic as is phantom pain to an extent. Different motivation of individuals being treated with mirror therapy could be argued to be free will.	**10**	For each evaluation point/issue/strength/weakness /paragraph assess each and record level on left hand side. Use AN for analysis and CONT for specific detail. Overall level awarded underneath the candidate's response as follows – 'best fit' from individual points e.g. if all L2 award L2 regardless of how many, e.g. 6 L2 = 4 marks. If 1 L4 and 2 L3 award L4 (but give 7 rather than 8 marks). If only 2 points but different levels not usually sufficient for the higher level overall, e.g. 1 L1 and 1 L2 = L1 (2 marks). e.g. 1 L2 and 1 L3 = L2 (4 marks).

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Question	Answer	Marks	Guidance
12(b)	• **Case study** – Although one of the named issues, the question did not ask them to write about a case study. However, they could be credited with strengths and weaknesses of the case study methods. **Other issues could include** Idiographic versus nomothetic Applications to everyday life Generalisations Other appropriate responses should also be credited.		

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Section D: Organisational Psychology

Question	Answer	Marks	Guidance
13	**A mobile phone company has a large number of workers in a noisy open plan office. They are moving to a new building with a different office layout. The new building has an office for each worker separated by internal walls.**		
13(a)	**Suggest <u>two</u> effects on the workers when they are working in the new building, compared to the open plan office.** For each suggestion: 1 mark for effect on workers of the move 1 mark for detail (e.g. explanation of the effect or detailed example) Syllabus content: Physical work conditions – impact of the design of the work environment focusing on open plan offices, including a study, e.g., Oldham and Brass (1979). Likely suggestions (can be positive or negative): • Reduced communications between individuals and departments • Poorer working relationships • Increase in internal motivation • Increase in satisfaction at work • Feeling less overlooked and scrutinised • Better feedback to workers Suggestions do not need to agree with the findings of Oldham and Brass (optional study). Any reasonable suggested change is creditworthy.	**4**	

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Question	Answer	Marks	Guidance
13(a)	Examples: The workers will feel that they are able to give better feedback to one another (1) because they now have private space in which to do that (1) rather than feeling they are in a 'fishbowl' (1). The workers may find that they experience greater motivation (1) because they feel a greater sense of autonomy than before (1) when they felt their work was constantly being scrutinised by others (1). Communication between departments may decrease (1) because of having to move from one office to another in order to talk to the relevant people (1). This could result in the workers feeling less part of a team than in the open-plan space. (1) Other appropriate responses should also be credited.		

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Question	Answer	Marks	Guidance
14(a)	**Outline the reductionism versus holism debate.** 1 mark definition reductionism. 1 mark definition holism. Example: The reductionism versus holism debate is about the extent to which behaviour can be best understood by breaking it down into its component parts/elements (1) or by looking at the behaviour in the context of the whole person (1). Other appropriate responses should also be credited.	**2**	1 mark for definition of both terms which are unclear / poorly expressed
14(b)	**Explain <u>one</u> strength of taking a holistic approach when investigating the effects of shiftwork on health and accidents.** 1 mark = strength 1 mark = explain with a link to effects on shiftwork on health and accidents Example: If researchers take a holistic approach, they avoid the problem of investigating elements of a problem and can instead look at the whole picture (1). With shiftwork and health and accidents, it can be straightforward to look at say how one shift pattern results in an increase in say cardiovascular disease but that relationship is correlational (1). It could be that the cardiovascular disease is caused by a lifestyle factor that happens to also correlate to higher levels of shiftwork (1). Other appropriate responses should also be credited.	**2**	

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Question	Answer	Marks	Guidance
15(a)	**Ingrid is the head teacher in a large school. She would like to measure the job satisfaction of all the workers at the school, including teachers and other workers. She has decided to use the job descriptive index (JDI).** **Suggest <u>two</u> reasons why the JDI is an appropriate measure of job satisfaction of all the workers at Ingrid's school.** For each suggestion: Award 2 marks for a reason for choosing the JDI to measure satisfaction in the context of the workers at a school Award 1 mark for a basic outline of a reason Syllabus reference: Measuring job satisfaction – job satisfaction rating scales and questionnaires focusing on the job descriptive index (JDI). Likely suggestions: • It uses self-report (questionnaire) making it relatively easy to administer. • Workers simply answer yes, no, or can't decide to a series of statements about their job so it is fairly undemanding for the worker • It is a well-known and widely used measure of job satisfaction • It is quite comprehensive as it looks at 5 aspects of job satisfaction – experience of the work, salary, promotion prospects, experience of supervision, and experience of co-workers. • Results can be compared with standardised norms based on data from a large sample of people, which is regularly updated. • Scores can be compared with normative scores in respect of age, gender, job level, education etc. • It measures specific, objective areas of job satisfaction rather than satisfaction in general terms. • Relatively easy to read and does not use complex language so suitable to use with a large variety of people (including the less well-educated at the school, such as cleaners and caretaking staff).	**4**	

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Question	Answer	Marks	Guidance
15(a)	Examples: One reason to choose the JDI is because it is relatively easy to complete as it consists of a self-report with yes, no, or can't decide options only (1). This means the busy workers at Ingrid's school will be more likely to complete the questionnaire (1) leading to a higher response rate and more data for the governors to work with (1). One reason to use the JDI is because it is a standardised tool for measuring job satisfaction in a number of areas including promotion prospects, experience of the work and experience of supervision (1). This means that the results could help the governors decide how best to improve the working experience of the workers at the school (1) on a number of very specific and objective scales (rather than a rather than more general assessments of job satisfaction) (1). Other appropriate responses should also be credited.		
15(b)	**Explain <u>one</u> weakness of the JDI.** 1 mark = weakness 1 mark = link to JDI Weaknesses may include: • Lack of qualitative data • Forced-choice answers • Use of questionnaire rather than interview • Although comprehensive there may be other aspects to someone's job satisfaction that have not been captured that could be crucial to their job satisfaction. Example: One weakness of the JDI is that it only collects responses from forced-choice questions (1). Participants can only choose responses from yes, no and can't decide (1). It could be that the most appropriate way of expressing their satisfaction (or otherwise) would be for the participants to write a description of their experience (1), which the JDI does not allow, limiting its power to capture job satisfaction (1). Other appropriate responses should also be credited.	**2**	

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Question	Answer	Marks	Guidance
16(a)	**Describe the study by Claypoole and Szalma (2019) on concentration levels when being monitored using Electronic Performance Monitoring (EPM).** Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question. *Syllabus content* Individual and group performance • 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. **Sample –** A sample of 106 student participants (65f, 41m) with a mean age of 20.57 from a university in the USA volunteered to take part in this laboratory experiment. Participants gave their informed consent to take parts, their details were anonymised, they received credits for participation. **IV/DV and procedure –** There were two conditions of the IV of monitoring: electronic presence and the control group. The control group contained no form of performance monitoring. In the electronic presence condition, participants were monitored by a webcam placed on top of the computer screen ('to monitor performance and engagement while they completed the task') and video recorder placed 1 metre behind participants, which they were told would record their performance for later evaluation. No participants chose to withdraw from the study after receiving this information.	**6**	Sample – max 2 IV – max 1 mark 1 mark monitored and control group DV – max 2 marks This was measured as proportion of correctly detected critical signals, false alarms (mistakes) and response time. Procedure – max 3 marks • how being monitored. • task description • demographics questionnaire • timing of task Result(s) – max 2 marks For full marks must cover - Sample - IV or DV - Procedure detail - One result

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Question	Answer	Marks	Guidance
16(a)	After being randomly assigned to a condition of the experiment, participants completed a short demographics questionnaire. The participants had to complete a sustained attention task in which they had to press the space bar in response to a critical signal appearing on the computer screen over a period of 24 minutes. The critical signal was defined as any two-digit number resulting in a difference of 1 or 0. The critical signals were programmed to appear randomly five times within each 6-minute block of the task. The dependent variable being measured was the performance on the sustained attention test. This was measured as proportion of correctly detected critical signals, false alarms (mistakes) and response time. **Results and conclusions** As expected, it was found that vigilance decreased over the course of the 24-minute experiment as fewer correct detections of the critical signal were found toward the end of the task. The number of false alarms decreased over time and the median response time increased over time in both conditions, supporting the findings of previous research into sustained attention. Participants in the experimental condition of EPM were found to have a greater proportion of correct detection of the critical signal (mean = 0.69) compared to those in the control condition who completed the task without monitoring (mean = 0.60). The proportion of false alarms was also recorded and those in the EPM condition made fewer false alarms than those in the control group. Finally, median response times were shown to be faster in the EPM condition (767 ms) than in the control condition (802 ms). The researchers concluded that electronic monitoring can produce effects that are similar to the social presence of a human, in other words, vigilance task performance was facilitated. Other appropriate responses should also be credited.		

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Question	Answer	Marks	Guidance
16(b)	**Evaluate the study by Claypoole and Szalma (2019), including a discussion of controls.** Use Table B: AO3 Analysis and evaluation to mark candidate responses to this question. A range of issues could be used for evaluation including: • **Named issue – controls –** A control group was used in this study who act as a comparison that had not been monitored. Many controls were present in experiment 1 including the random appearance of the critical signals, standardised procedures, positioning of equipment (1 metre away of camera), timings (24 minutes with 6 critical signals) all increase the reliability of the study. • **Application to everyday life** – Most existing research has indicated that EPM is useful for monitoring basic, clerical work. However, the focus of the study was vigilance, meaning EPM can be used for critical tasks requiring extended focus to enhance performance and reduce the likelihood of errors. Some of this theory has already been applied through the development of on-board driver monitoring systems that check the safety and performance of long-distance drivers. • **Cultural differences** – Study carried out in USA. Would results be markedly different in different cultures? • **Determinism versus free-will** – Theory does suggest that participants do have reaction to being monitored and this is supported in the results of this study, suggesting that improvement in performance is as a result of monitoring. This predictable behaviour can be helpful in further applications. • **Idiographic versus nomothetic** – the research is nomothetic as it is using a large number of participants (106). However, the results may not be generalisable as the sample were all students. Nevertheless, the establishing of a general law that participants do perform better when being monitored can be used and help predict future behaviour.	**10**	For each evaluation point/issue/strength/weakness /paragraph assess each and record level on left hand side. Use AN for analysis and CONT for specific detail. Overall level awarded underneath the candidate's response as follows – 'best fit' from individual points e.g. if all L2 award L2 regardless of how many, e.g. 6 L2 = 4 marks. If 1 L4 and 2 L3 award L4 (but give 7 rather than 8 marks). If only 2 points but different levels not usually sufficient for the higher level overall, e.g. 1 L1 and 1 L2 = L1 (2 marks). e.g. 1 L2 and 1 L3 = L2 (4 marks).

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Question	Answer	Marks	Guidance
16(b)	• **Quantitative and qualitative data** – Only quantitative data collected such as proportion of correct detections of critical signal, proportion of false alarms and response times. Quantitative data lends itself well to comparison (as in this case between experimental and control group). Lack of qualitative data may limit findings as participants own views on taking part in the study are not gathered. In addition, candidates may also use the following issues: • Ecological validity • Generalisations from findings • Reliability • Lab experiments • Independent measures design Other appropriate responses should also be credited.		

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