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CAMBRIDGE
International Education

# Cambridge International AS & A Level

**PSYCHOLOGY** **9990/32**

Paper 3 Specialist Options: Approaches, Issues and Debates **May/June 2026**

MARK SCHEME

Maximum Mark: 60

**Published**

This mark scheme contains the instructions and marking guidance that our examiners used to mark candidate responses for this component.

Before they start marking, examiners complete a standardisation process. They review a range of candidate responses and discuss the mark scheme in detail to agree which answers can and cannot be accepted. Examiners award marks where it is clear that candidate responses have met the requirements of the mark scheme. These requirements may vary between different components or different versions of the same component, depending on the exact requirements of the question and the candidate responses seen during the standardisation process.

Sometimes, our mark schemes may allow marks to be awarded to responses which contain elements that are factually incorrect or for content not covered by the syllabus. We do this in response to the demands of a specific question to support candidates and make sure that our assessments are fair. However, these allowances should not be used as a guide for teaching and learning.

We cannot discuss the mark scheme with schools, and we recommend that schools read the mark scheme together with the assessment material and the Principal Examiner Report for Teachers.

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**[Turn over**

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**General marking principles**

All examiners must apply these marking principles when marking candidate responses.

| | |
|---|---|
| 1 | Examiners must award marks for each response in line with:<br><br>• the specific **content** defined in the mark scheme<br>• the specific **skills** defined in the mark scheme or in the level descriptions<br>• the **standard of response** required as exemplified by the standardisation scripts. |
| 2 | Examiners must award **whole marks** (not half marks, or other fractions). |
| 3 | Examiners must award marks **positively**. This means that:<br><br>• marks are not deducted for errors or omissions<br>• marks are awarded for correct/valid answers as defined in the mark scheme and also for **other valid answers** which go beyond the scope of the syllabus and mark scheme referring to your team leader as appropriate<br>• the quality of spelling, punctuation and grammar are judged **only** when the mark scheme indicates that these features are **specifically assessed** in the question. However, the meaning of all responses must be unambiguous. |
| 4 | Examiners must **consistently** apply the requirements of the mark scheme and any rules for what to do when candidates have not followed instructions correctly. |
| 5 | Examiners must use the **full range of marks** defined in the mark scheme, unless limited by the quality of the candidate responses seen. |
| 6 | Examiners must award marks according to the mark scheme and **must not** award marks with grade thresholds or grade descriptions in mind. |

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**Social Sciences-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 standardisation 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 |
|  | Benefit of doubt |
|  | Context |
|  | Irrelevant |
|  | Analysis |
|  | Repetition |
|  | Unclear |

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| Annotation | Meaning |
|---|---|
| L1<br>L2<br>L3<br>L4<br>L5 | Level 1<br>Level 2<br>Level 3<br>Level 4<br>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**).

**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.<br>• Description is accurate and detailed.<br>• The use of psychological terminology is accurate and appropriate.<br>• Demonstrates excellent understanding of the material. | 5–6 |
| 2 | • Partially addresses the requirements of the question. May cover one theory/concept only max 3 marks.<br>• Description is sometimes accurate but lacks detail.<br>• The use of psychological terminology is adequate.<br>• Demonstrates good understanding. | 3–4 |
| 1 | • Attempts to address the question.<br>• Description is largely inaccurate and/or lacks detail.<br>• The use of psychological terminology is limited.<br>• Demonstrates limited understanding of the material. | 1–2 |
| 0 | No creditable response. | 0 |

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**Table B: AO3 Analysis and evaluation:** For each evaluation point/issue/debate/strength/weakness/paragraph assess level as follows in table.
Annotate each evaluation point on left-hand side with L1, L2, L3, L4, L5, AN for analysis, CONT for specific detail.
ALSO, Overall level awarded underneath the candidate's response.

| Level | Description | Marks |
|---|---|---|
| 5 | • Very detailed evaluation/discussion<br>• Two or more clear analysis points<br>• Good use of context (very thorough and effective) | 9–10 |
| 4 | • Detailed evaluation/discussion<br>• Analysis evident<br>• Mainly contextualised | 7–8 |
| 3 | • Relevant evaluation<br>• Analysis is limited/identified<br>• Some context | 5–6 |
| 2 | • Superficial but relevant evaluation/discussion<br>• Little or no analysis<br>• Little or no context | 3–4<br>**If no named Issue max 4** |
| 1 | • Appropriate or basic evaluation/a strength/a weakness<br>• No analysis<br>• No context | 1–2 |
| | No creditable response. | 0 |

**Overall level awarded underneath the candidate response as follows – 'best fit' from individual points/issue/etc.**
**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 (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 overall (2 marks); 1 L2 and 1 L3 = L2 overall (4 marks)**

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**Section A: Clinical Psychology**

| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 1 | **One explanation of depression is Beck's cognitive theory. Tara received a diagnosis of depressive disorder (unipolar) from her doctor after she described her feelings and beliefs about her life.**<br><br>**Using Beck's cognitive theory of depression:**<br><br>**Suggest what Tara could have described about her life to her doctor.**<br><br>*Annotate with ticks to show where marks awarded.*<br><br>**1 mark per point**<br>• Processing bias (e.g. focusing on negatives and ignoring positives)<br>• Negative automatic thoughts<br>• Maladaptive/negative 'self' schemas (needs brief outline)<br>• Overgeneralisation/catastrophising<br>• Examples from Tara's life linked to Beck's theory of depression.<br><br>For example:<br>Beck's cognitive theory suggests that the person will have a negative view of themselves, the world and their future which could be described by Tara. (1) She might say that she feels she is worthless most of the time which is a negative view of herself. (1) She may also say she thinks that she will lose her job as she is no good at it which is a negative view of the world. (1) She then might say she won't get another job due to this which is a negative view of the future. (1)<br><br>Other appropriate responses should also be credited. | **4** | Max 3 if no clear ref to Tara's life. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 2(a) | **Outline applied tension as a treatment for blood-injection-injury phobia.**<br><br>*Annotate with ticks to show where marks awarded*<br>1 mark = applied tension brief outline<br>1 mark = further detail or how reduce symptoms of blood-injection-injury phobia.<br><br>Likely content:<br>• Tensing muscles<br>• Blood pressure/heart rate increase<br>• Prevents/reduces fainting response<br>• Patient practises recognising early signs of fainting/dizziness and applies tension techniques<br><br>Example:<br>Applied tension for blood phobia is where the patient is taught to tense their muscles. (1) This makes it much less likely they will faint at the sight of blood. (1) Patient is taught to recognise symptoms of fainting and tense muscles when they feel this. (1) This can be done by showing the patient blood/injection/injury and asking them to verbalise their symptoms such as dizziness, blurred vision and pressure in the head.<br><br>Other appropriate responses should also be credited. | **2** | Relaxation on its own = 0 |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 2(b) | **Explain how applied tension as a treatment for blood-injection-injury phobia is reductionist.**<br><br>*Annotate with ticks to show where marks awarded*<br><br>1 mark = basic outline of reductionism<br>1 mark = explanation in context of applied tension as a treatment for blood-injection-injury phobia<br><br>Reductionism = explaining or treating complex behaviours/processes by breaking them down into simpler elements/component parts<br>Context –<br>• Treatment targets a part of biological/physical processes such as blood pressure and muscle tension<br>• Ignores more complex explanations such as thoughts about blood-injection-injury, past experiences of it<br>• Focuses on observable/measurable symptoms of fainting rather than the whole person<br>• Simplifies the phobia into one process (tension leads to no fainting) that can be treated<br><br>Examples:<br>Reductionism is treating or explaining something at the lowest level of explanation. (1) Applied tension focuses on low blood pressure and does not take into account other reasons for the phobia such as irrational thoughts or past experiences with blood or injections. (1)<br>OR<br>This treatment works by focusing on the fainting part of a blood/injection/injury phobia when the patient is exposed to this phobic stimulus. (1) Fainting is a single element, and its actions are basic as they do not involve other processes such as cognition or family influences. (1) Breaking down an explanation into component parts allows it to be isolated and treated. (1)<br><br>Other appropriate responses should also be credited. | **2** | Poorly worded def in the context of applied tension as a treatment for bii = 1<br><br>Reductionism=ignoring other aspects/theories/<br>explanations or applied tension not being able to treat other phobias= **0** |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 3 | **Samuel has problems with his social life. He has stopped playing team sports as he thinks he is the cause of his team losing. When Samuel went to meet friends, no one said hello. He believes his friends do not like him anymore. Samuel goes to his doctor who diagnoses him with a mood (affective) disorder and offers him rational emotive behaviour therapy (REBT).** | | |
| 3(a) | **Suggest how REBT will be used to help Samuel.**<br><br>*Annotate with ticks to show where marks awarded*<br><br>Likely content: 1 mark per point<br>• ABCDE identified as event, beliefs and consequence, dispute and effect = 1<br>• A = activating event/situation (team losing/meeting friends who do not say hello)<br>• B = beliefs about the event (cause of team losing, friends do not like him)<br>• C = emotional or behavioural consequences (social life problems, stopping playing sports, low mood)<br>• D = disputing/challenging irrational beliefs (other explanations for team losing, friends did not see him – main technique used<br>• E = effect/new rational beliefs and changed behaviours (playing team sports, being with friends, better mood)<br>• REBT is based on the principles of stoicism (we are only affected by our perception of present external events rather than events themselves)<br>• Goal = to identify unhelpful thoughts and replace them with more rational/constructive thoughts.<br>• As a result of therapy, patients can see setbacks and choose how to think/feel about them. | **4** | For full marks requires implicit or explicit reference to disputing or challenging beliefs (D).<br><br>Generic outline of the ABCDE model with no contextual application = max 2 marks<br><br>Context must relate to Samuel's social experiences, thoughts or mood disorder |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 3(a) | Example 1:<br>Samuel would discuss situations that upset him with the therapist, such as believing he caused his team to lose matches (A). (1) The therapist would identify the irrational beliefs Samuel has about these situations, such as believing his friends no longer like him because they did not say hello (B). (1) The therapist would then dispute these beliefs by suggesting alternative explanations, such as his friends may not have seen him (D). (1) Samuel can then replace these irrational beliefs with more rational thoughts and feel less distressed about social situations and team sports (E). (1)<br><br>Example 2:<br>The therapist would use the ABCDE (activating event, belief, consequence, dispute, effect) model to help Samuel understand the connection between events, beliefs and emotions. (1) Samuel may explain that he stopped playing sports because he believes he always lets the team down. (1) The therapist would challenge this irrational belief by discussing evidence that other players also contribute to wins and losses. (1) As a result, Samuel may develop more balanced thoughts and become more confident socially and emotionally. (1)<br><br>Other appropriate responses should also be credited. | | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 3(b) | **Explain <u>one</u> weakness of REBT.**<br><br>*Annotate with ticks to show where marks awarded*<br><br>1 mark = brief explanation weakness<br>1 mark = more detail of the explanation<br><br>Likely weakness include:<br>• May be uncomfortable with the confrontational nature of REBT.<br>• Ignores the biological causes of mood (affective) disorder – low serotonin.<br>• Samuel may not like discussing his personal feelings and life with a therapist.<br>• Assumes thoughts are irrational when they may not be.<br>• Samuel, due to his low mood, may stop attending therapy especially if it doesn't seem to work quickly enough for him.<br>• Requires motivation and active participation from the patient<br>• Therapy may take time before improvements are seen<br>• REBT can be expensive due to needing trained therapists and multiple sessions<br><br>Example:<br>One weakness of REBT is that it ignores the biological causes of mood disorder. (1) The patient's low mood may be due to low serotonin, and this treatment does not treat this aspect of the disorder. (1)<br><br>Other appropriate responses should also be credited. | **2** | Time and cost can receive credit but must clearly explain *why* this is a weakness of REBT<br><br>Generic statements such as 'therapy takes a long time/time-consuming' with no explanation = 0<br><br>Patients will lie = 0<br><br>Social desirability is creditworthy as the patient may say they feel better as therapy progresses as they want to please the therapist. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 4(a) | **Describe the following:**<br>• **The diagnostic criteria (ICD-11) of impulse control disorders for kleptomania and pyromania**<br>• **Kleptomania Symptom Assessment Scale (K-SAS).**<br><br>*Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question.*<br><br>***The diagnostic criteria (ICD-11) of impulse control disorders for kleptomania and pyromania***<br>***Kleptomania***<br>• A recurrent failure to control strong impulses to steal objects.<br>• Lack of an apparent motive for stealing objects (e.g., objects are not acquired for personal use or monetary gain).<br>• The individual experiences increased tension or affective arousal prior to instances of theft or attempted theft.<br>• The individual experiences pleasure, excitement, relief, or gratification during and immediately following the act of stealing.<br>• Acts of theft or attempted theft are not better accounted for by a Disorder of Intellectual Development, another mental disorder (e.g., a Manic Episode), or Substance Intoxication. | **6** | *Annotations:*<br>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<br><br>Plus, overall level at the bottom of the response as follows:<br>1 or 2 marks = L1<br>3 or 4 marks = L2<br>5 or 6 marks = L3<br><br>**Link to ICD – 11 criteria**<br>Pyromania –<br><br>ICD-11 for Mortality and Morbidity Statistics<br><br>**Kleptomania –**<br><br>ICD-11 for Mortality and Morbidity Statistics<br><br>Diagnostic criteria Kleptomania/Pyromania<br>For Level 3 –<br>Need to say something about either not needing the items/no monetary gain for K **or** not wanting to cause revenge for P.<br>Need something about sense of relief/anxiety reduces, gratification increases for either K or P.<br><br>Max L2 if just does K or P. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 4(a) | ***Pyromania***<br>• A recurrent failure to control strong impulses to set fires, resulting in multiple acts of, or attempts at, setting fire to property or other objects.<br>• Lack of an apparent motive for the acts of, or attempts at, fire setting (e.g., monetary gain, revenge, sabotage, political statement, attracting recognition).<br>• Persistent fascination or preoccupation with fire and related stimuli (e.g., watching fires, building fires, fascination with firefighting equipment).<br>• The individual experiences increased tension or affective arousal prior to instances of, or attempts at, fire setting.<br>• The individual experiences pleasure, excitement, relief or gratification during, and immediately following the act of setting the fire, witnessing its effects, or participating in its aftermath.<br>• Acts of, or attempts at, fire setting are not better accounted for by a Disorder of Intellectual Development, another mental disorder (e.g., a Manic Episode), or Substance Intoxication.<br><br>***Kleptomania Symptom Assessment Scale (K-SAS).***<br><br>*There are 11/12 items that lead to a score.*<br>*The higher the score, the more severe the symptoms.*<br>*Scored on a scale of 0-4 or 1-5.*<br>*Examples from the scale include –*<br>*During the past week, how much were you able to control your thoughts of stealing? 0 (very much) to 4 (No Control)*<br><br>*For 11 item K-SAS:*<br>*0–7 Asymptomatic or remission*<br>*8–20: Mild*<br>*21–30: Moderate*<br>*31–44: Severe*<br><br>*Other appropriate responses should also be credited.* | | K-SAS for Level 3:<br>11/12 items<br>ratings on a scale of 0–4 or 1–5 (do not need both)<br>Example Q (but response categories are not required and/or could be incorrect).<br><br>No credit to<br>'Rating scale' only<br>'Likert scale' only |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 4(b) | **Evaluate the following, including a discussion about questionnaires:**<br>• **The diagnostic criteria (ICD-11) of impulse control disorders for kleptomania and pyromania**<br>• **Kleptomania Symptom Assessment Scale (K-SAS).**<br><br>**Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates**.<br><br>A range of issues could be used for evaluation here.<br><br>These include:<br>• **Named issue – Questionnaires:** K-SAS- Strengths – This produces quantitative data so can therefore make comparisons from the results to averages for the population to determine if the person suffers from kleptomania or not. As the responses are quantitative the person completing it (or telling their doctor their response) may find it easier to do this rather than explain their behaviour and symptoms in depth which could be embarrassing for someone with kleptomania, etc. Good concurrent validity with GAF (Global Assessment of Functioning - broad measure of psychological functioning). Weaknesses could include just having quantitative data so cannot collect detailed responses as to why the person with kleptomania has had these thoughts and urges in the past week. And it may be easier to lie about symptoms as no explanation is required.<br><br>• Idiographic versus nomothetic – The diagnostic criteria are nomothetic – the symptoms lead to the diagnosis. However, patients do not need to show all symptoms and each person's experience will be different. Therefore, somewhat idiographic as each person will give their unique experiences when seeking a diagnosis. Credit examples of this from pyromania/kleptomania – may refer to case studies. | **10** | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 4(b) | • Case studies – May refer to a case study in part (a) as an example of someone who has received a diagnosis of pyromania/kleptomania. Weakness – every study will focus on specific types of impulse control disorder as it would not be possible to include all varieties of impulse control disorder and related disorders in the study. These case studies are very detailed and show how the participant overcomes their kleptomania/pyromania over the time period of the study (longitudinal).<br><br>• Quantitative/qualitative data – Strengths quantitative data from K-SAS (can make comparisons of patient before and after treatment of severity of disorder and comparisons between different types of treatments or severity of disorder) but weakness is that it does not provide depth for a thorough diagnosis. May evaluate the strengths/weaknesses of a clinical interview which collects qualitative data when diagnosing the patient.<br><br>• Objective and subjective data: As K-SAS collects quantitative data this is somewhat objective as it is not open to interpretation by the doctor/psychiatrist. However, subjective as patient may not give true response. May discuss subjective nature of clinical interview to diagnose the patient.<br><br>**Other issues could include:**<br>Validity<br>Reliability<br>Application to everyday life<br><br>Other appropriate responses should also be credited. | | |

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**Section B: Consumer Psychology**

| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 5 | **A mobile phone company has a product placement in a film. The company's logo is a blue square that can be seen on mobile phones many times in the film.**<br><br>**Suggest how product placement of the mobile phone might affect people who have watched the film if they shop for a mobile phone.**<br><br>*Annotate with ticks to show where marks awarded.*<br><br>1 mark per point:<br>• Mere exposure effect on audience member exposed to the phone/logo in the film but **won't consciously** remember seeing the product<br>• Repeated exposure increases familiarity with the brand/logo when shopping<br>• Familiar products/logos may be viewed more positively<br>• Product placement acts as a reminder of previous exposure to mobile phone brand/logo (blue square)<br>• Audience member more likely to notice the blue square logo when shopping<br>• Increased likelihood of purchasing the phone/brand<br>• Consumer **choice** may be influenced unconsciously | **4** | Context should relate to the mobile phone or blue square logo. Need context otherwise = max 2 marks<br><br>Mere exposure – product is shown in film repeatedly but consumer unaware of this. This then influences their choice to buy, although not aware of it.<br><br>Reminders – the audience member has already been exposed to this brand/logo. The product placement acts as a reminder and they feel more positively towards the product and are more likely to purchase it. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 5 | For example,<br>An audience member will not consciously remember being exposed to the mobile phone by in the film (1). However, the next time they go shopping it will influence their choice of phone, and they will be more likely to purchase the one by the mobile phone company in the film rather than another brand. (1)<br>OR When they next go shopping, they may be attracted to the phone with the blue square on it, although they won't know why. (1)<br>An audience member will have already been exposed to the company's brand of phone and blue square logo and the product placement acts as a reminder. (1) This means when they go shopping for a mobile phone and see the blue square logo on the phone, they will feel more positive towards the brand/be more likely to purchase it. (1)<br><br>Other appropriate responses should also be credited. | | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 6(a) | **Outline <u>one</u> guideline for creating an effective slogan.**<br><br>*Annotate with ticks to show where marks awarded*<br>1 mark = brief outline/identification of one guideline<br>1 mark = further detail<br><br>Likely answers:<br>• Keep your eye on the horizon = create a slogan that can withstand the test of time. Even though the product offered by the company may change, the slogan can remain.<br>• Every slogan is a brand positioning tool, and it should position the brand in a clear manner = Should highlight the brand's main strengths.<br>• Link the slogan to the brand.<br>• Please repeat that. Use the slogan consistently across different types of advertising.<br>• Use a jingle – jingle jangle<br>• Use the slogan at the outset/ from the beginning of marketing.<br>• It's okay to be creative Be creative slogans that are moderately complex are remembered better as it is processed more deeply.<br>• Avoid long words that consumers might not know.<br>• Don't put multiple ideas into one slogan.<br>• Catchy<br><br>Example:<br>One guideline for an effective slogan is to use the slogan consistently across different types of advertising media. (1) For example, if the company is advertising on television the slogan should be used and in any print media. (1)<br><br>Other appropriate responses should also be credited. | **2** | Can also be credited with brief outline/identification of slogan (1) and why this slogan is effective (1)<br><br>Example of slogan only = 0<br><br>Aligns with goals of business only = 0 |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 6(b) | **Explain why the guideline you have outlined in <u>6(a)</u> may <u>not</u> apply to everyday life.**<br><br>*Annotate with ticks to show where marks awarded*<br><br>1 mark = basic explanation of why guideline may not apply to everyday life<br>1 mark = Further explanation/detail<br><br>Likely explanations–<br>• Difficult to write a slogan that meets this guideline (e.g. keep eye on horizon)<br>• Other factors affect purchasing besides the slogan (economic factors, consumer preference, competition)<br>• 'Creative' and level of complexity are difficult concepts to define and therefore difficult to put into a slogan.<br>• Individual differences in how consumers react to slogans – not everyone likes a jingle.<br>• Difficult to future proof<br><br>Example:<br>One reason that writing a slogan highlighting the main strengths of the product may not apply to everyday life is that other factors will affect whether the consumer chooses to purchase the product. (1) The company could have a slogan that says how good their product is, but if there is a similar product available at a lower price, consumers will purchase this. (1)<br><br>Other appropriate responses should also be credited. | **2** | Must apply to the guideline they mention in **6(a)**, and not a different one. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 7 | **Customers in a grocery shop queue to pay. A security guard has noticed some customers intrude into the queue.** | | |
| 7(a) | **Suggest <u>two</u> responses of queuing customers to intrusions into their queue. Use a study that investigated responses of people queuing in your answer.**<br><br>*Annotate with ticks to show where marks awarded*<br>For each suggestion –<br>1 mark = brief outline/identification of customer response to intrusions<br>1 mark = reference to results of a study<br><br>Likely suggestions (from Milgram):<br>• **Physical response**<br>Customers behind the intruder are more likely to respond than those in front<br>tapping on the shoulder/trolley, moving the trolley, pushing intruder out of queue – these types of physical actions found in 10% of queues and often from person immediately behind intruder<br>glaring/staring at the intruder (non-verbal),15% (14.7%) of queues had a non-verbal response<br>• **Verbal responses** to the intrusion –<br>telling them to leave or go to the back of the queue.<br>22% (21.7%) of queues had a verbal objection to the intruder<br>**Qualitative results:**<br>'Excuse me, this is a queue/line'.<br>'Excuse me, you have to go to the back of the line.'<br>'Hey buddy, we've been waiting. Get off the line and go to the back.<br>'No way! The line's back there. We've all been waiting and have trains to catch.'<br>'Are you making a line here?'<br>'Excuse me, it's a line.'<br>'Um ... are you waiting to buy a ticket?' | **4** | Physical/verbal/non-verbal response (1)<br>Example of a result (1)<br>**OR**<br>Example of a result (1)<br>Reasons for response (1)<br><br>**Example of a result can be qualitative**<br><br>For numerical result, allow + or - 2% |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 7(a) | Objections were more frequent when there were no buffers than when there were 1 or 2 buffers.<br><br>Example:<br>The security guard may expect to see verbal responses to the intrusion, such as telling the person to go to the back of the queue. (1) Milgram found that 22% of queues had a verbal objection to the intruder. (1) The security guard may also see physical responses, such as tapping someone on the shoulder. (1) Milgram found that 10% of queues observed had a physical action against the person intruding into the queue. (1)<br><br>*Other appropriate responses should also be credited*. | | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 7(b) | **Outline <u>one</u> problem a psychologist may have when investigating the responses of people queuing.**<br><br>*Annotate with ticks to show where marks awarded*<br><br>Award 1 mark for brief outline of the problem<br>Award 1 mark for detail/example.<br><br>Likely problems –<br>• Ethical issues – the psychologist is observing behaviour without consent as the observation is not a normal way of being seen in public as the observer will watch for an extended period rather than just glance OR may cause harm as the study has confederates intrude which may have caused anger, frustration, etc.<br>• Practical issues – may be difficult to covertly observe the queue and witness the behaviour (e.g. hostile glare, tap on shoulder)<br>• Bias/reliability – what is considered 'hostile' by one observer might be different to another – can only know if hostile by asking the customer in the queue.<br>• Responses may be difficult to record accurately in a busy public environment<br><br>Example:<br>One problem might be breaking the ethical guideline of consent as person is being watched for an extended period (as they wait for intrusion/watch for response) (1) and if participants know they are being observed they may behave unnaturally/socially desirable behaviour/response. (1)<br><br>Other appropriate responses should also be credited. | **2** | Context = responses of people queuing.<br><br>Allow weaknesses of methods used to investigate response of people in a queue such as observations.<br><br>Identification of ethical guidance = 1 |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 8(a) | **Describe the following:**<br>• **a study that investigates point of purchase decisions**<br>• **a study that investigates applying heuristics to decision-making styles.**<br><br>Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question.<br><br>The candidate must describe studies that investigate point of purchase decisions and applying heuristics to decision-making styles and these may be the examples given in the syllabus of Wansink et al. and del Campo et al.<br><br>**Study that investigates point of purchase decisions e.g. Wansink et al. (1998)** – only needs to describe 1 study from 4 carried out (other studies about point of purchase decisions are creditworthy).<br><br>An investigation into what makes people buy a certain number of units in a series of field and lab experiments.<br>1 A field experiment in 86 different shops for one week. 13 products put on sale either as single units 'On sale – 50 c each' or as multiple-unit pricing '6 for $3'. It was found that the multiple pricing increased sales by 32% across the shops. | **6** | *Annotations:*<br>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<br><br>Plus, overall level at the bottom of the response as follows:<br>1 or 2 marks = L1<br>3 or 4 marks = L2<br>5 or 6 marks = L3<br><br>Hall et al. not creditworthy<br><br>**To achieve L3 on either study a result needs to be included**<br><br>**Del Campo et al.**<br>**Additional information –**<br>The product targeted at the *take-the-best heuristic* was offered for a special price, which was prominently displayed on the package for easy retrieval. In *the emotional condition*, a picture of a cartoon chicken was added to stimulate emotional bonding with the product. On the product package of the *cognitive complex condition*, additional seals of quality and further information was visualized. The filler product was offered at a lower quality compared to the rest of the stimuli. In order to ensure a professional design of the cartons, all images were created by a graphic designer. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 8(a) | 2 A field experiment in 3 supermarkets in Iowa over 3 days. A small discount of 12% on Campbell's soup. Over the 3 evenings there were various limits on the number of tins of soup customers could purchase – no limit, 4 max, and 12 max. Of the 914 shoppers, observers noted how many cans they put in their trollies. It was found that the no limit yielded an average 3.3 cans, 4 max = 3.5 cans and 12 max = 7 cans.<br>3 Lab experiments using 120 undergraduates using 'selling anchors'. 6 well-known products were offered for sale at 3 price levels – usual price, 20% discount, or 40% discount. In addition, they were given a selling anchor. In the 3rd experiment this was 'grab 6 for studying' (suggested selling). It was found that intention to purchase indicators increased across all discount levels. In the final experiment using an expansion anchor (e.g. 'buy for all your friends') increased sale intentions across a range of purchase-quantity limits.<br><br>***To achieve L3 must include at least one result.***<br><br>**Study that investigates applying heuristics to decision-making styles e.g. del Campo et al. (2016)**<br><br>Aim – To investigate the relationship between decision making styles and the use of different heuristics.<br>Method – independent measures lab experiment<br>Sample – Vienna, Austria and Madrid, Spain including students and staff (as well as friends and family of these participants), volunteer, 320 participants (fairly equal split M and F), age 13–71 years across the two samples (13–69 Vienna and 19–71 Madrid)<br>Procedure – computer-based task to choose between 5 different egg options (randomised and counterbalanced) shown as images of egg cartons with short product description – targeting four heuristics (take-the best, recognition, higher cognitive processing, emotional response)<br>Questionnaire about – reasons for decision (open ended questionnaire/qualitative data), attitudes to and liking of the product, buying behaviour and demographic information.<br>IV between groups – presence of time pressure (40 seconds) or not. | | Other textbook results –<br>Spontaneous style – more likely to choose recognition.<br>Rational style – take the best rather than cognitive regardless of time pressure.<br>In Madrid, rational decision style less likely to choose take the best compared to cognitive without time pressure but reversed with time pressure. |

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| Question | Answer | Marks | Guidance |
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| 8(a) | Participants also completed a 25-question questionnaire on decision-making style (7-point Likert scale)<br><br>Results – Madrid participants more likely to choose the 'take the best' option compared to the Vienna participants.<br>Participants from Vienna selected the 'cognitive' and 'recognition' product more often than subjects in Madrid, and the 'take-the-best' product less often.<br>Time pressure condition led to lower choice of 'higher cognitive processing' option and increase in 'take the best' and 'recognition' heuristics seen in Austria but not in Spain.<br><br>Other appropriate responses should also be credited. | | |
| 8(b) | **Evaluate the following, including a discussion about experiments:**<br>• **A study that investigates point of purchase decisions**<br>• **A study that investigates applying heuristics to decision-making styles.**<br><br>**Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates.**<br><br>Depending on the examples studied by candidates their answers may vary.<br><br>A range of issues could be used for evaluation.<br>These include:<br>• **Named issue – Experiments**<br>Laboratory studies<br>Strengths – good control, reliable, often more ethical | **10** | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 8(b) | Weaknesses – lack of ecological validity, demand characteristics<br><br>Field studies<br>Strengths – good ecological validity, no demand characteristics (if participants do not know they are in a study), lots of different types of participants may be around in the natural environment)<br>Weaknesses – lack of control, less reliable, confounding variables, may be unethical<br><br>• **Objective and subjective data** *Objective data* – quantitative data can be seen as more objective as researcher is not interpreting responses (can also be seen as subjective due to social desirability/demand characteristics). Watching buying behaviour in everyday life – objective – if participant doesn't know they are being watched then the products bought are not being influenced by bias by the observer, social desirability, etc.<br>*Subjective data* – where the participant is responding to an open-ended question – subjective as being interpreted by researcher as well as open to bias from participant. Forced choice response categories can be interpreted differently by different participants – subjective.<br><br>• **Application to everyday life** – Responses will focus on how companies/shops can use the findings from the studies to influence consumer purchases.<br><br>• **Qualitative and quantitative data** – Responses will focus on the types of data collected in the studies described in part (a) with strengths and weaknesses including whether comparisons can be made, statistics used and how in-depth the data is.<br><br>• **Individual and situational explanations** – Responses will likely focus on the situations created in the studies and how these led to the behaviour of the participants. If individual differences are found between participants, this can also be evaluated from an individual explanation point of view. | | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 8(b) | **Other issues could include:**<br>Reliability<br>Validity<br>Ethics<br><br>Other appropriate responses should also be credited. | | |

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**Section C: Health Psychology**

| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 9 | **Ken is experiencing headaches every morning. His friends have suggested he go to his doctor, but Ken has delayed seeking treatment.**<br><br>**Suggest <u>two</u> reasons why Ken has delayed seeking treatment for his headaches.**<br><br>A*nnotate with ticks to show where marks awarded*<br><br>For each suggested reason:<br>1 mark = outline/identification of reason why Ken may delay seeking treatment<br>1 mark = further detail/example in context of headaches<br><br>Likely reasons<br>• Appraisal delay – deciding whether there is something wrong<br>• Illness delay – patient decides they are ill but delays seeking treatment<br>• Utilisation delay – delays after deciding to seek treatment (e.g. time, cost, effort)<br>• Perceived susceptibility – Ken may not believe he is likely to have a serious illness<br>• Perceived seriousness – Ken may not think the headaches are serious<br>• Perceived barriers – difficulty getting appointments, time, cost or inconvenience<br>• Perceived benefits – Ken may not believe treatment will help<br>• Cues to action – no external trigger encouraging him to seek help<br>• Self-efficacy – lack of confidence in managing appointments/treatment<br>• Cost-benefit analysis – weighs up cost of going for treatment (cost of medicine/appointment) versus benefit (feeling better). | **4** | Context = headaches<br><br>Max 3 marks if no reference to headaches in either reason given.<br><br>Can achieve full marks if one reason has context even if the other does not. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 9 | Example:<br>Ken experiences appraisal delay for his headaches. (1) He thinks that he is not really unwell because it is only a headache. (1)<br>Ken may also believe there are few benefits to seeing a doctor for his headaches. (1) He has already bought over-the-counter pain relief and does not think the doctor could offer anything more effective. (1)<br><br>Other appropriate responses should also be credited. | | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 10(a) | **From the study by Savage and Armstrong (1990):**<br><br>**Outline how <u>one</u> practitioner style affected patient satisfaction.**<br><br>A*nnotate with ticks to show where marks awarded*<br><br>1 mark = brief outline of practitioner style<br>1 mark = further detail/result linked to patient satisfaction<br><br>Likely content:<br>• Patient-centred style/sharing consultative process – lower levels of satisfaction<br>• Doctor-centred/directing style/traditional doctor-led process – higher levels of satisfaction<br>• Credit can be given to a specific result from the study (pages of the article 969–970)<br><br>Example:<br>A patient-centred style is where the doctor asks the patient open-ended questions and may ask them what they think is wrong. (1) In the study this led to lower levels of patient satisfaction. (1)<br><br>Other appropriate responses should also be credited. | **2** | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 10(b) | **Explain <u>one</u> reason why the effect of practitioner style on patient satisfaction is deterministic**.<br><br>*Annotate with ticks to show where marks awarded*<br><br>1 mark = brief outline of determinism<br>1 mark = further detail/explanation in context of practitioner style/patient satisfaction<br><br>Determinism = behaviour is due to internal/external factors out of our control<br><br>Likely reasons may include:<br>• Deterministic because practitioner style of consultation is causing patient satisfaction<br>• The patient does not choose which consultation style they receive, and this causes their satisfaction levels<br>• Behaviour/satisfaction is determined by external factors such as the doctor's style/interaction with patient during appointment<br><br>Example:<br>One reason why the sharing style of consultation is deterministic is that the behaviour of the patient (satisfaction) is being caused by the style of their doctor. (1) Patients have learned that a doctor should be an authority on their illness (caused by their upbringing/culture) and that could be why they do not feel satisfied with the sharing style. (1)<br><br>Other appropriate responses should also be credited. | **2** | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 11 | **Fatima has been experiencing stress.** | | |
| 11(a) | **Suggest how Fatima's stress could be treated using biofeedback.**<br><br>A*nnotate with ticks to show where marks awarded*<br><br>1 mark per point: Likely content:<br>• Measures may include heart rate/HRV, blood pressure, muscle tension, breathing patterns, brain activity (EEG), skin conductivity (GSR) or skin temperature<br>• Immediate feedback is given to the patient which can be visual or auditory (e.g. tone/light/screen reading)<br>• As the patient relaxes the feedback will change (e.g. bright to low light)<br>• Fatima learns relaxation techniques to reduce physiological arousal which reduces physical symptoms of stress<br>• Reference to research e.g. Budzynski can receive credit such as relax forehead muscles to keep tone low and told tone would change when level of tension in muscles changes. Done over 5 sessions – showed significant reduction in muscle tension.<br>• Contextual examples may include:<br>• Reducing Fatima's heart rate/muscle tension lowers her experience of stress<br>• Controlling physical symptoms of stress such as tension<br>• Using relaxation techniques when Fatima begins to feel stressed<br><br>Example:<br>Fatima will experience a faster heart rate when she is experiencing stress. During biofeedback her heart rate will be monitored. (1) She will be given immediate feedback (such as a tone that varies depending on the speed of her heart rate). (1) She will be taught to relax/told to relax in order to bring the tone down. (1) The next time she experiences stress she can do the relaxation techniques. (1) OR She can relax the next time she experiences stress as she can monitor her heart rate through a wearable device. (1) | **4** | Full marks: clear reference to monitoring physiological responses and using feedback to reduce stress<br><br>Generic descriptions of relaxation with no reference to feedback/monitoring = max 1 mark<br><br>Credit alternative valid physiological measures or feedback methods |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 11(a) | During biofeedback, sensors may be attached to Fatima to monitor muscle tension caused by stress. (1) She would receive immediate feedback from the machine about how tense her muscles are. (1) Fatima would be encouraged to relax her muscles to reduce the reading on the device. (1) This could help her recognise and control physical symptoms of stress more effectively in the future. (1)<br><br>Other appropriate responses should also be credited. | | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 11(b) | **Explain <u>one</u> weakness of using biofeedback to manage stress.**<br><br>*Annotate with ticks to show where marks awarded*<br><br>1 mark = brief outline of one weakness of biofeedback<br>1 mark = further detail/explanation in context of stress management<br><br>Likely weakness include:<br>• Difficult to simulate the symptoms of some disorders, like a panic attack, during the session so although the patient can reduce symptoms when fairly calm it is more difficult when stress is much higher.<br>• Ignores biological cause of stress that anti-anxiety medication such as beta-blockers would reduce.<br>• Ignores psychological causes of stress – the underlying cause (e.g. work) is not being treated.<br>• Some physical symptoms cannot be measured other than by machinery that is not portable (e.g. muscle tension) so patient can't get similar feedback outside of the sessions.<br>• Those with low motivation may not have the necessary focus and commitment<br>• Some people cannot consciously relax their muscles<br>• Takes a number of sessions to learn the technique – doesn't reduce stress quickly.<br><br>Example:<br>One weakness of biofeedback is that it would be difficult for the patient to experience high stress during the sessions. (1) The patient might be able to relax when they have few physical symptoms but find it very difficult in their everyday life when stress levels are high. (1)<br><br>Other appropriate responses should also be credited. | **2** | For full marks needs to reference managing stress. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 12(a) | **Describe the study by Yokley and Glenwick (1984) on improving medical adherence using community interventions.**<br><br>***Annotate with ticks up to a max of 6.***<br>***Add Level at end L1 = 1 or 2 marks, L2 = 3 or 4 marks, L3 = 5 or 6 marks.***<br><br>***In order to achieve full marks, the following must be included:***<br>• ***Sample (1)***<br>• ***2 experimental conditions (not including control) (2)***<br>• ***Result (1)***<br>• ***Plus 2 additional marks from below***<br><br>**Background: (max 1 mark)**<br>• In community-based behavioural interventions, researchers had already been used successfully to improve a range of health-related behaviours (smoking reduction, dental care, nutrition) (1)<br>• There had been little research into using reinforcement (e.g. prompts, monetary incentives, feedback etc.) to improve childhood inoculation and medical adherence. (1)<br><br>**Sample: (max 2 marks)**<br>• 1,133 (1) taken from the 2,101 preschool children and/or registered at a health clinic (1)<br>• Immunisation deficient (1)<br>• Preschool/under 5 years old children (and their parents) (1)<br>• Target/entire population (=sample): immunisation deficient preschooler/under 5s from a public health clinic in a Mid-west city (1)<br>• 64% Caucasian (1) | **6** | Can receive marks for the **conditions** within **results**<br><br>2101 = sample = 0<br><br>Condition 4 – only stating this condition provides monetary incentive = 0 |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 12(a) | **Conditions: (max 3 marks)**<br>6 conditions (or 4 experimental conditions and 2 control conditions):<br>1 General prompt – general inoculation information and a prompt to get their child inoculated (1)<br>2 Specific prompt group – client specific inoculation information/name sent. (1)<br>3 Increased access group – Told about special extra clinic opening times (1) OR free childcare facilities (1) (max 1)<br>4 Monetary incentive group – Told there would be cash prizes drawn through a lottery if they had their child inoculated (1) *received a prize = 0*<br>5 Contact control group – received telephone contact requesting basic information. (1) **OR**<br>6 No contact group (control) – no contact made with these families for the entire study (1)<br>PLUS General prompt, Specific prompt, Increased access and Monetary incentive identified (1)<br><br>**Measures/DVs (Max 1 mark)**<br><br>• Number of (target) children receiving one or more inoculations at the clinic (over 12 weeks) (1)<br>• Number of (target) children attending the clinic (for any reason) (over 12 weeks) (1)<br>• Total number of inoculations received by (target children) (over 12 weeks) (1)<br><br>**Results (Max 2 marks)**<br>• Monetary incentive group had the biggest impact on attendance (1)<br>• Followed by the increased access group (1)<br>• Then specific prompt group 3rd<br>• General prompt group least effective (1)<br>• All interventions, except the general prompt, produced some evidence of improvement when compared with the control groups (1).<br>Cost effectiveness – best for specific-prompt group (1) | | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 12(b) | **Evaluate the study by Yokley and Glenwick (1984) on improving medical adherence using community interventions, including a discussion about use of children in research.**<br><br>**Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates.**<br><br>A range of issues could be used for evaluation.<br>These include:<br>• **Named issue – Use of children in research –** Children who were immunisation-deficient and under the age of 5 were used in the study. Strengths can include – can help community interventions to target children and increase level of inoculation in the population which will lead to greater health in future (both to child themselves and in terms of increased herd immunity). Weaknesses can include – cannot gain consent from the child but should gain consent from the parent (although this was not formally done in the study) but this was a part of the normal immunisation reminders sent so can argue consent unnecessary. Consent for research to be published might be required given the sensitivity of the topic (encouraging parents to immunise their children).<br><br>• Experiments – Strengths – good ecological validity, no demand characteristics Weaknesses – poor control, confounding variables. Yokley is independent measures design and could be classed as field experiment. Some variables hard to control. However, standard procedure used and clear manipulation of IV so could be seen as both valid and reliable. Yokley study did keep records on the actual number of immunisations so is free from this bias.<br><br>• Generalisations from findings – Used the entire population of pre-school children in a Midwestern town in America (population approximately 300 000). The parents would have been of an age of approximately 20–55 so good generalisability from findings. However, all from a specific town in Midwestern America so could be differences in more rural areas, cities in other countries/parts of USA. Also attitudes towards immunisation change over time so even the same type of participants from the same city could show different results today. | **10** | Note – no questionnaire used in this study. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 12(b) | • Validity – objective data collected from health records. Longitudinal design showing longer term effect of interventions which improves validity. Increased validity due to lack of awareness that they were in a study.<br><br>**Other issues could include:**<br><br>• Ethics<br>• Determinism versus free-will<br>• Practical problems with intervention.<br><br>Other appropriate responses should also be credited. | | |

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**Section D: Organisational Psychology**

| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 13 | **Walton's quality of working life questionnaire (QWL) is given to factory night shift workers.**<br><br>**Suggest why the factory night shift workers might have low scores on the QWL.**<br><br>A*nnotate with ticks to show where marks awarded*<br><br>1 = identification of feature of QWL<br>1 = example for workers<br>1 = identification of feature of QWL<br>1 = example for workers<br>OR<br>1= identification of feature of QWL<br>1 = example for workers<br>1= further example<br>1 = further example<br><br>**1 mark per point –** Likely suggestions –<br>• Fair and adequate payment – workers on night shift may feel they should be paid more due to working unsociable hours.<br>• Safe and healthy working conditions – workers have been shown to make more mistakes at night – are there extra safety checks in place for the night shift and may feel conditions are less safe. Fatigue during work hours leading to errors.<br>• Opportunities to use and develop skills – training won't be available during night shift.<br>• Total life space – 'work life balance' – shift work may make it difficult to socialise or fulfil family/home responsibilities<br>• Lack of interaction with daytime staff due to working different hours | **4** | Not creditworthy<br>Social relevance<br>Policy and procedure – constitutionalism<br><br>Can be one or more suggestions.<br><br>Max 3 marks if no reference to night shift work(ers). |

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| Question | Answer | Marks | Guidance |
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| 13 | Example:<br>The QWL that might have received a low score would be due to lower safe and healthy working conditions. (1) Workers may make more mistakes on the production line during the night shift due to tiredness and may not feel the production line is as safe at night as it is during the day. (1)<br>A reason may be fair payment. (1) The workers may be receiving the same pay as those on daytime shifts and may feel they should receive extra pay for working unsociable hours. (1)<br><br>Other appropriate responses should also be credited. | | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 14(a) | **Outline one of Muczyk and Reimann's 'four styles of leader behaviour'.**<br><br>Annotate with ticks to show where marks awarded<br><br>1 mark = brief identification of one leadership style<br>1 mark = outline of both amount of direction and participation in decision-making<br><br>Muczyk and Reimann's four styles of leader behaviour include:<br>• Directive autocrat – closely supervises and makes unilateral decisions<br>• Directive democrat – encourages strong participation in decisions and monitors closely<br>• Permissive autocrat – unilateral decisions but allows staff to choose how to implement these decisions<br>• Permissive democrat – invites high degree of participation in decisions and allows for autonomy of implementation.<br><br>Example:<br>One style of leader behaviour is the directive democrat. (1) This is where the leader closely monitors their workers and allows them to have an active/high level of involvement in decision making. (1) | **2** | |

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<table>
<tr><th>Question</th><th>Answer</th><th>Marks</th><th>Guidance</th></tr>
<tr><td>14(a)</td><td>
<table>
<tr><td></td><td></td><td colspan="2">Degree of participation in decision making</td></tr>
<tr><td></td><td></td><td>Low</td><td>High</td></tr>
<tr><td rowspan="2">Amount of leader direction</td><td>High</td><td>Directive autocrat<br>Closely supervises and makes unilateral decisions</td><td>Directive democrat<br>Encourages strong participation in decisions and monitors closely</td></tr>
<tr><td>Low</td><td>Permissive autocrat<br>Unilateral decisions but allows staff to choose how to implement these decisions</td><td>Permissive democrat<br>Invites high degree of participation in decisions and allows for autonomy of implementation. Seen as ‘ideal’ leader (within West)</td></tr>
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Other appropriate responses should also be credited.
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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 14(b) | **Explain <u>one</u> reason why Muczyk and Reimann's 'four styles of leader behaviour' is nomothetic.**<br><br>*Annotate with ticks to show where marks awarded.*<br><br>1 mark = brief outline of nomothetic<br>1 mark = further detail/explanation in context of styles<br><br>Nomothetic = establishes a general law/can be applied to a large number of people<br><br>Explanations might include:<br>• Provides a general law about leader behaviour as leaders can be categorised into one of four styles<br>• Suggests leadership behaviour can be explained using general dimensions such as level of direction and employee participation<br>• Provides a general law that leaders are either high or low in directiveness and how much they allow employees to participate in decision making.<br>• Can create quantitative data and count the number of different types of leaders within an organisation and/or compare leadership styles between organisations/industries.<br><br>Example:<br>Muczyk and Reimann's four styles of leader behaviour are nomothetic because they provide general categories that all leaders can be placed into. (1) Leaders are classified according to their level of direction and how much participation they allow employees in decision making. (1)<br><br>Other appropriate responses should also be credited. | **2** | Accept for def of nomothetic – tested on a large number of participants.<br><br>No credit for why it is **not** idiographic |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 15 | **Ron knows about Kelley's 'followership' and is setting up a bakery. Ron needs two workers:**<br>• **a baker who is constantly active, making bread**<br>• **a 'packer', who places the bread into boxes and must follow instructions without questioning them.** | | |
| 15(a) | **Using Kelley's 'followership':**<br><br>**(i) Explain which followership style Ron needs in the baker. (2)**<br><br>*Annotate with ticks to show where marks awarded*<br>1 mark = brief outline/identification of appropriate followership style<br>1 mark = further detail/explanation which must be linked to the baker role<br><br>Likely answers:<br>• Effective/star follower/exemplary – critical, independent thinker who is also active<br>• Conformist/yes people – active and does not question authority<br><br>Example:<br>Rob needs the baker to be an effective follower. (1) This is because he wants them to be active making bread, and the effective follower is very hard working. (1)<br><br>**(ii) Explain which followership style Ron needs in the packer. Do <u>not</u> use the followership style you suggested in 15(a)(i) in your answer. (2)**<br><br>*Annotate with ticks to show where marks awarded*<br>1 mark = brief outline/identification of appropriate followership style<br>1 mark = further detail/explanation which must be linked to the packer role<br><br>Likely answers:<br>• Conformist/yes people – active and does not question authority<br>• Passive follower/sheep – does not question instructions/directions | **4** | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 15(a) | Example:<br>Ron needs the packer to be a passive follower. (1) This is because the packer must follow instructions carefully and not question the directions they are given. (1)<br><br>Other appropriate responses should also be credited. | | |
| 15(b) | **Explain one strength of Kelley's 'followership'.**<br><br>Annotate with ticks to show where marks awarded<br><br>1 mark = brief outline/identification of one strength<br>1 mark = further detail/explanation<br><br>Strengths may include:<br>• Good practical application e.g. can identify what type of follower(s) are needed for a job and then hire someone who is this type of follower. Can determine type of follower needed for a specific job/project e.g. needs a critical thinker and identify this in the workforce and put suitable workers in place. OR Can train/develop existing employees to become the type of follower needed or train how to less of an alienated follower, for example.<br>• Can help reduce ineffective followership styles such as alienated or passive followers<br>• Somewhat holistic as it identifies several different followership styles and factors affecting effectiveness<br><br>Example:<br>One strength of Kelley's theory is that it has practical applications in the workplace. (1) Employers can identify the type of follower needed for a role and train employees to develop the behaviours required for that job. (1)<br><br>Other appropriate responses should also be credited. | **2** | Generalisable = 0 |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 16(a) | **Describe the following:**<br>• **the impact of physical work conditions on productivity and the Hawthorne effect**<br>• **a study that investigates open plan offices.**<br><br>Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question.<br><br>Candidates must discuss both the physical work conditions and the Hawthorne effect and a study that investigates open plan offices, but do not need to use the examples from the syllabus.<br><br>Answers may include:<br>**Impact of physical work conditions on productivity and the Hawthorne effect**<br>The types of physical work conditions which might be studied are likely to focus on the conditions used in the Hawthorne studies. Credit other physical work conditions.<br><br>The Hawthorne studies were conducted from 1924 to 1933 at the Hawthorne Plant in Chicago to test the effect of changes in the environment on productivity. The research consisted of a series of experiments to study the effects of illumination, humidity, and temperature on worker performance. In addition, interviews were conducted with more than 20 000 employees at the factory. The researchers found regardless of what conditions they changed the productivity increased. It was concluded that it could be due to the special privileges received by those involved in the study<br>as well as the improved relationships the workers formed with each other and management. The attention shown to them by all those concerned with the study was the variable which influenced their behaviour. This is what is known as the 'Hawthorne effect'. | **6** | *Annotations:*<br>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<br><br>Plus, overall level at the bottom of the response as follows:<br>1 or 2 marks = L1<br>3 or 4 marks = L2<br>5 or 6 marks = L3<br><br>***For the study of open plan offices, in order to achieve L3 a result must be included***<br><br>In Oldham and Brass productivity was ***not*** measured |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 16(a) | Credit can be awarded for Kompier study<br><br>**Open plan offices e.g. Oldham and Brass (1979)** *Any study about open plan offices is creditworthy*<br><br>An open plan office is where there is an absence of interior walls. There may be low walls which divide up the workspace but there are no private offices. Employees of a newspaper in the Midwest, United States (US). 123 participants. 76 in an experimental group who experienced all three waves of the move to the open plan office design. Five were a control group (office design did not change) and 26 experienced two of the waves. Three questionnaire items were used to measure each of the following job characteristics: autonomy, skill variety, task identity, task significance and task feedback. They also asked questions about how easy it was to interact with others, perception of conflict, concentration, etc. The first wave was collected approximately 8 weeks before the move to the open-plan office. The second and third waves were collected 9 and 18 weeks after the office changeover. They found employees' internal motivation and satisfaction with work and colleagues decreased after the move to the open-plan office. Participants found it difficult to concentrate/complete tasks.<br><br>***For L3 a result must be included***<br><br>Other appropriate responses should also be credited. | | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 16(b) | **Evaluate the following, including a discussion about longitudinal studies:**<br>• **the impact of physical work conditions on productivity and the Hawthorne effect**<br>• **a study that investigates open plan offices.**<br><br>**Evaluation in your answer can include strengths, weaknesses and a discussion of issues and**<br><br>A range of issues could be used for evaluation.<br>These include:<br><br>• **Named issue – Longitudinal studies** – both studies are longitudinal. Strengths – in depth and shows change over time. Weaknesses – researchers become overly involved with participants and study loses validity, time-consuming, participant attrition, not all results are reported – therefore researchers have to select important results and this could be subjective.<br><br>• Experiments**.** The Hawthorne studies were an experiment and the example for open plan offices, Oldham and Brass was a quasi-experiment.<br>**Strengths**<br>• Good ecological validity – both done in the natural environment of a factory and an office, investigating the effect of changes to the work environment on productivity and personal experiences of the employees.<br>• Control of the independent variable(s), e.g. in Oldham and Brass all employees began the study in a conventional, multi-cellular office environment and were then moved to the open plan office. They divided up the groups depending on the employees' experiences of the move, e.g. whether they experienced two or three waves in order to control for the experience of moving offices. | **10** | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 16(b) | **Weaknesses**<br>• Demand characteristics/social desirability – the participants in both studies knew they were in a study as they gave a self-report of their experiences of the changes in their office environment. This may have led to socially desirable responses/behaviour. The participants in the Hawthorne studies may have witnessed their colleagues working harder and therefore worked harder themselves due to conformity rather than the 'Hawthorne effect'.<br>• Lack of control of variables – for example, in the Hawthorne studies it could be that there was a change of supervision during the study on illumination that could have caused the improvement in productivity and attitude rather than the 'Hawthorne effect'.<br><br>• Questionnaires – used in the Oldham and Brass study, participants might not have been honest in their negative review of the new open-plan offices and used this as an opportunity to be critical of the newspaper.<br>Quantitative and qualitative data – the Oldham and Brass and Hawthorne studies collected both types of data with a focus on quantitative data.<br>Quantitative data – strengths – can make comparisons between conditions/over time, can do statistical analysis. Weakness – not in depth/no reasons given for responses<br>Qualitative data – strength – in depth. Weaknesses – cannot make comparisons, open to interpretation, no statistical analysis.<br>• Deterministic explanation – the environment (open plan office and features of physical work conditions) is causing the change in behaviour and there is no free-will.<br><br>In addition, candidates may bring other aspects into their evaluation such as:<br>• ethics<br>• usefulness (application of psychology to everyday life)<br>• evaluation of self-reports used<br>• reliability<br>• validity | | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 16(b) | • evaluation of controls used<br>• evaluation of design<br>• reductionist nature of conclusions – it is the environment that is causing the change in productivity and attitudes while ignoring other possible causes.<br><br>Other appropriate responses should also be credited. | | |

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