Cambridge Assessment International Education

Cambridge International AS & A Level

PSYCHOLOGY **9990/43**

Paper 4 Specialist Options: Applications **May/June 2020**

MARK SCHEME

Maximum Mark: 60

Published

Students did not sit exam papers in the June 2020 series due to the Covid-19 global pandemic.

This mark scheme is published to support teachers and students and should be read together with the question paper. It shows the requirements of the exam. The answer column of the mark scheme shows the proposed basis on which Examiners would award marks for this exam. Where appropriate, this column also provides the most likely acceptable alternative responses expected from students. Examiners usually review the mark scheme after they have seen student responses and update the mark scheme if appropriate. In the June series, Examiners were unable to consider the acceptability of alternative responses, as there were no student responses to consider.

Mark schemes should usually be read together with the Principal Examiner Report for Teachers. However, because students did not sit exam papers, there is no Principal Examiner Report for Teachers for the June 2020 series.

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

Cambridge International is publishing the mark schemes for the June 2020 series for most Cambridge IGCSE™ and Cambridge International A & AS Level components, and some Cambridge O Level components.

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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 descriptors for a question. Each question paper and mark scheme will also comply with these marking principles.

GENERIC MARKING PRINCIPLE 1:

Marks must be awarded in line with:

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

GENERIC MARKING PRINCIPLE 2:

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

GENERIC MARKING PRINCIPLE 3:

Marks must be awarded **positively**:

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

GENERIC MARKING PRINCIPLE 4:

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

GENERIC MARKING PRINCIPLE 5:

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

GENERIC MARKING PRINCIPLE 6:

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

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Section A: Stimulus (Generic response descriptor)		
(a)	0–2	**1 mark** for basic answer e.g. identification. **1 mark** for elaboration/example.
(b)	0–4	Question always requires two 'things' **1 mark** basic answer. **2 marks** elaboration. Max 2 marks if only 'one' is answered.
(c)	0–4	Questions require either one or two 'things' **If two: 1 mark** basic answer. **2 marks** elaboration. **If one: 1–2 marks** basic answer. **3–4 marks** detailed answer/elaboration. If two required and only one provided, max 2 marks.
(d)	0–5	Question requires **discussion**. Question always **plural** of each argument. Question always requires conclusion. **1 mark** for each for/against argument (however detailed) up to 4 max. **1 mark** for conclusion. **N.B.** If three (or more) arguments for one side, best two credited. If one side only, max 2 marks.
0	0	No response worthy of credit.

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Section B: Design a study question part (a) (Generic response descriptor)		
Level	Marks	Level Descriptor
4	9–10	• The design is appropriate to the named investigation and is based on thorough psychological knowledge. • The design is accurate, coherent and detailed, and it tests the proposed investigation competently. • Four or five design features are included. The features are clearly applied to the design throughout the answer and the candidate clearly understands the main features involved in designing an investigation. • The response has proposed an appropriate design, has applied a range of relevant methodological design features with competence and shown clear understanding.
3	7–8	• The design is appropriate to the named investigation and is based on good psychological knowledge. • The design is accurate, coherent and detailed, and it tests the propose investigation competently. • Two or three design features are included. The features are often applied to the design and the candidate shows good understanding in places. • The response has proposed an appropriate design, has applied some relevant methodological design features and has shown good understanding.
2	4–6	• The design is mostly appropriate to the named investigation and is based on psychological knowledge. • The design is mostly accurate, coherent and detailed in places and it tests the proposed investigation. • Design features are limited in their understanding.
1	1–3	• The design may not be appropriate to the named investigation and use of terminology is sparse or absent. Basic psychological understanding is shown. • The design lacks coherence and is limited in understanding. • One or two appropriate design features are identified but incorrectly applied. The response lacks detail. The candidate describes the study listed on the syllabus.
0	0	• No response worthy of credit.

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Section B: Explain a study question part (b) (Generic response descriptor)		
Level	Marks	Level Descriptor
3	6–8	• Quality and depth of explanation is thorough. • Description of knowledge is accurate, coherent and detailed. • Use of terms is accurate and use of psychological terminology is comprehensive. • Understanding of methodology (such as elaboration, use of example, quality of description) is very good. • The design is effectively explained in relation to the topic area. • There is a balance of methodology and topic area/relevant study knowledge.
2	4–5	• Quality of explanation and depth of explanation is competent. • Description of knowledge is mainly accurate, coherent and reasonably detailed. • Use of terms is mainly accurate and use of psychological terminology is competent. • Understanding of methodology (such as elaboration, use of example, quality of description) is good. • The design is adequately explained in relation to the topic area. • There is an imbalance of methodology and topic area/relevant study knowledge. • Max 5 marks if only methodological or psychological decisions.
1	1–3	• Quality of explanation and depth of explanation is basic. • Description of knowledge is often accurate, generally coherent, but lacks detail. • Use of terms is basic and use of psychological terminology is adequate. • Understanding of methodology (such as elaboration, use of example, quality of description) is limited. • The design is poorly explained in relation to the topic area. • There is an imbalance of methodology and topic area/relevant study knowledge.
0	0	• No response worthy of credit

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Section C: Essay/Evaluate (Generic response descriptor)		
Level	Marks	Level Descriptor
N.B.: Questions are always worded in the same way: 'to what extent do you agree with this statement? Use examples of research you have studied to support your answer'. However, the words 'research' must be taken in the widest sense: (i) different examples can be used from the same piece of research; (ii) examples from different pieces of research; (iii) examples from methodology, such as a specific method or technique; (iv) examples from methodological issues such as ethics, generalisations, quantitative/qualitative data; psychological versus physiological, etc. (v) examples of debates and issues such as reductionism & holism; individual & situational, etc.		
4	10–12	• **Both sides** of the argument are considered and are relevant to the question. • **Appropriate examples** are included which fully support both sides. • Discussion is **detailed** with **good understanding** and clear expression. • A conclusion is drawn with appropriate justification.
3	7–9	• **Both sides** of the argument are considered and are relevant to the question. They may be **imbalanced** in terms of quality or quantity. • **Some examples** are included, are appropriate and often support both sides. • The answer shows good discussion with reasonable understanding. • A basic conclusion is drawn with little or no justification
2	4–6	• Reasons are limited to **one side** of the argument/[both sides basic]. • **Limited** reference to **examples**, or **lack of detail**. • The answer shows **some understanding**. • There is no conclusion.
1	1–3	• Anecdotal discussion, **brief detail**, minimal relevance. Very **limited range**. • Discussion may be **inaccurate** or incomplete. • May evaluate topic area studies, making only indirect reference to the question. • [May **describe** relevant studies with minimal reference to the question].
0	0	• No response worthy of credit.

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Question	Answer	Marks
	Section A: Stimulus question Psychology and abnormality	
1	**Newspaper headline: Treatment for schizophrenia is successful. Sensky et al. (2000) conducted a longitudinal study and found that cognitive-behavioural therapy was effective. It treated both negative and positive symptoms in patients that were resistant to drug treatments for schizophrenia.**	
1(a)	**Explain what is meant by the term 'baseline' when gathering data.** **Most likely answer** (other appropriate responses to be credited): Gathering baseline data at the outset of a programme allows a comparison with data gathered afterward, allowing changes to be tracked to determine whether any intervention has been effective. **Marks: 1 mark** basic answer (simple description), **2 marks** detailed answer/elaboration.	**2**
1(b)	**Suggest <u>two</u> weaknesses of the longitudinal method in the study by Sensky et al. (2000).** **Most likely answer** (other appropriate responses to be credited): • Participants may drop out over the 9 months of therapy and 9 months of follow-up • Over time, participants may not follow the treatment programme exactly; may take other medications; may develop other symptoms and/or illnesses. **Marks: 1 mark** generic weakness, **2 marks** weakness related to this study ×2	**4**
1(c)	**A randomised controlled design was used by Sensky et al.**	
1(c)(i)	**Identify the <u>two</u> therapies that this design compared.** **Most likely answer** (other appropriate responses to be credited): • 'manualized cognitive behavioural therapy developed particularly for schizophrenia with that of a nonspecific befriending control intervention.' **Marks**: 1 mark for each correctly identified therapy.	**2**
1(c)(ii)	**Suggest why a randomised controlled design was used.** **Most likely answer** (other appropriate responses to be credited): • Researchers do not allocate participants to conditions so there is no bias. Instead participants are allocated randomly, by chance, so reducing extraneous variables. Use of control group etc. **Marks:** 1 mark basic answer (identification), 2 marks detailed answer/elaboration	**2**

Question	Answer	Marks
1(d)	**Discuss the strengths and weaknesses of cognitive-behavioural therapy as an alternative to drug treatments for schizophrenia. You should include a conclusion in your answer.** **Most likely answer** (other appropriate responses to be credited): Strengths**:** • no drugs are taken • the patient does not become addicted to drugs • the patient plays a more active role in their own treatment • a therapist is there to guide the patient through the treatment Weaknesses: • more effort is needed by the patient; it isn't passive as is taking a drug • the cause of schizophrenia may be biochemical and so a drug treatment may be best • a therapist is needed, which costs more and consumes more time than does swallowing a pill **Conclusion**: any appropriate conclusion drawn from the discussion that has been presented. 1 mark if appropriate. A conclusion is a 'decision reached by reasoning' and so a summary of points already made scores 0 marks. **Marks:** Question requires **discussion;** always **plural** of each argument, and always requires conclusion. **1 mark** for each advantage/disadvantage (however detailed) **and** related to the question up to 4 max. **2** marks max for two strengths/weaknesses unrelated to the question. **1 mark** for conclusion.	**5**

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Question	Answer	Marks
	Section A: Stimulus question psychology and consumer behaviour	
2	***'There has been little attempt to understand the influence on children of branded products that appear in television programs and movies. A study exposed children of two different age groups (6–7 and 11–12) in classrooms to a brief film clip. They were then individually asked to demonstrate their witness skills by describing in as much detail as possible what they had seen.'*** ***Extract from the abstract from Auty and Lewis (2004)***	
2(a)	**Explain what is meant by 'brand recognition'.** **Most likely answer** (other appropriate responses to be credited): Brand recognition is the consumer's ability to recognise a firm from its distinctive logo, motto or artistic symbol. **Marks:** 1 mark for basic answer, 1 mark for elaboration/example.	**2**
2(b)	**Give the <u>two</u> conclusions from the study by Auty and Lewis (2004).** **Most likely answer** (other appropriate responses to be credited): Quote: 'The responses to the interviews suggest 1 that it is not simply exposure to the film but rather previous exposure together with a reminder in the form of recent exposure that affects choice.' 2 Age (and by implication processing skill) does not appear to be a mediating factor affecting choice, because implicit memory (mere exposure) seems to be more important than explicit recall. **Marks:** 1 mark basic answer, 2 marks detailed answer/elaboration × 2.	**4**
2(c)(i)	**Give <u>two</u> examples of what Auty and Lewis did to ensure that the ethical guideline of informed consent was followed.** **Most likely answer** (other appropriate responses to be credited): Quote: • 'Within their classes, participants were randomly assigned by their teachers to groups alphabetically by last name' [and so the teachers knew what the study involved]. • 'Prior written permission to offer children a soft drink during a brief interview was obtained from parents.' • 'Parents and teachers were told that children would be asked questions about their observations after they viewed a film clip.' **Marks:** 1 mark for each correct answer.	**2**

Question	Answer	Marks
2(c)(ii)	**Suggest <u>one</u> way in which this study could be considered to be unethical.** **Most likely answer** (other appropriate responses to be credited): • Psychological harm: the children might have been uncomfortable being interviewed by a strange adult; • Right to withdraw: the children may not have understood this, or if they did, may have been afraid to exercise their right. • Debrief: no evidence that this was done: 'Each interview took about 5 minutes after which the child was returned to the classroom and the next one called out'. **Marks** 0 marks for identifying a guideline. 1 mark for outline; 2 marks for identifying guideline and describing how the suggestion relates to this study.	**2**
2(d)	**Discuss the advantages and disadvantages of using interviews to investigate brand recognition in children. You should include a conclusion in your answer.** **Most likely answer** (other appropriate responses to be credited): Advantages: • interviews allow children to give their viewpoint of the study in full detail • interviews can be done individually, so no embarrassment, etc. • an interview could be unstructured, allowing free interaction; it could be structured allowing researchers to cover 'essential' questions • the interview can be recorded providing evidence of what was said should it be needed Disadvantages: • children may be reluctant to be interviewed but go ahead because it is what the adult wants • children may not tell the truth, hiding information or modifying it • children may misunderstand questions **Conclusion**: any appropriate conclusion drawn from the discussion that has been presented. 1 mark if appropriate. A conclusion is a 'decision reached by reasoning' and so a summary of points already made scores 0 marks. **Marks:** Question requires **discussion;** always **plural** of each argument, and always requires conclusion. **1 mark** for each advantage/disadvantage (however detailed) **and** related to the question up to 4 max. **2** marks max for two strengths/weaknesses unrelated to the question. **1 mark** for conclusion.	**5**

Question	Answer	Marks
	Section A: Stimulus question psychology and health	
3	**The Wong-Baker faces pain rating scale for children.** **Fig. 3.1**	
3(a)	**Explain how the Wong-Baker scale is used to measure pain in children.** **Most likely answer:** Wong-Baker scale is shown to children; children point to the face that reflects their level of pain. **Marks:** 1 mark basic answer (identification), 2 marks detailed answer/elaboration	**2**
3(b)(i)	**Explain how the test-retest reliability of this scale could be tested.** **Most likely answer** (other appropriate responses to be credited): Repeating the test after a period of time and comparing the results. Quote from study: 'Retesting occurred the day after the initial test except in a few instances when it was done 2 to 4 days later.' **Marks:** 0 marks for 'doing the test again'. 1 mark for 'repeating again after a period of time', 2 marks for link to study i.e. 2–4 days, or what was tested i.e. 6 different scales, colours and painful events.	**2**
3(b)(ii)	**Suggest <u>one</u> reason why this scale might be less useful with older children than with younger children.** **Most likely answer** (other appropriate responses to be credited): Quote from study: 'the decrease in reliability at age 12 is puzzling. • One possible explanation may be related to the investigators' perception that the interest of older children decreased during the retest. Therefore, the older subjects may have been less motivated to rate the pain accurately than young children who enthusiastically enjoyed the testing procedure (and so the measure is less useful). • It may also be that young children remembered the pain more acutely than older children children (and so the measure is less useful). Obviously, more research is needed to answer the question of declining reliability with age beyond 12 years.' **Marks:** 1 mark basic answer (identification), 2 marks detailed answer/elaboration.	**2**

Question	Answer	Marks
3(c)	**Suggest <u>two</u> ways in which pain can be measured in children without using a pain rating scale.** **Most likely answer** (other appropriate responses to be credited): • McGill pain Questionnaire (MPQ) – this has some rating scales e.g. Section 4: 'How strong is your pain? (no credit for this aspect), but Section 1 'Where is your pain?' is where patients mark on a drawing where their pain is. Section 2: 'What does your pain feel like?' where patients use descriptor words and Section 3: 'How does your pain change with time?' can all be credited. • Behavioural/observational measures can involve simply observing a child: facial or audible expression; distorted ambulation; crying, etc. UAB is a rating scale and so scores no marks. • Clinical interview is creditworthy. • The Paediatric Pain Questionnaire (Varni and Thompson, 1976) gets children to pick colours and then colour a box, but the boxes are on a rating scale, so no credit. • No credit for any visual rating scale such as visual analogue scale, box scale, etc. **Marks:** 1 mark basic answer (e.g. identification of measure), 2 marks detailed answer/elaboration × 2.	**4**
3(d)	**Discuss the advantages and disadvantages of having pain measures specifically for use with children. You should include a conclusion in your answer.** **Most likely answer** (other appropriate responses to be credited): Advantages: • children may be too young to explain their pain/take part in an 'adult' clinical interview • children may not understand the questions that are being asked by a medical practitioner (e.g complex language) • children may be nervous about the practitioner or what procedure they have to undergo and so a 'child-friendly' colouring task, or row of faces to choose from, may put them at ease. Disadvantages: • the 'smiley face' may not translate into actual pain or the type of pain the child is experiencing. It might not be valid. • the smiley face may not be reliable: as the study showed. • the study may not be valid: In the Wong and Baker study children were not in pain when the measures were taken. Taking the measures when the children are in pain may be very different. **Conclusion**: any appropriate conclusion drawn from the discussion that has been presented. 1 mark if appropriate. A conclusion is a 'decision reached by reasoning' and so a summary of points already made scores 0 marks. **Marks:** Question requires **discussion;** always **plural** of each argument, and always requires conclusion. **1 mark** for each advantage/disadvantage (however detailed) **and** related to the question up to 4 max. **2** marks max for two strengths/weaknesses unrelated to the question. **1 mark** for conclusion.	**5**

<table>
<tr><th>Question</th><th>Answer</th><th>Marks</th></tr>
<tr><td colspan="3">Section A: Stimulus question psychology and organisations</td></tr>
<tr><td>4</td><td>Wedley and Field (1984) proposed that the decision-making process of any group can be improved using a pre-decision support system. Their model of the pre-decision process begins with the manager answering situational questions. Examples of these questions and how they could be answered appear in Table 4.1.
<table>
<tr><th>Question number</th><th>Questions</th><th>Your answers</th></tr>
<tr><td>1
2
3
4
5</td><td>Is quality required?
Have you sufficient information?
Is the problem structured?
Is acceptance important?
Would your autocratic decision be accepted?</td><td>Yes <s>No</s>
<s>Yes</s> No
<s>Yes</s> No
Yes <s>No</s>
Yes <s>No</s></td></tr>
</table></td><td></td></tr>
<tr><td>4(a)</td><td>Explain what is meant by the term ‘pre-decision support system’.

Most likely answer (other appropriate responses to be credited):
A decision support system (DSS) is a computerised information system used to support decision-making in an organisation or a business. A DSS lets users sift through and analyse massive reams of data and compile information that can be used to solve problems and make better decisions. For Wedley and Field, DSSs deal with less structured situations in which greater management judgement is required.

Marks: 1 mark for basic answer. 1 mark for elaboration/example.</td><td>2</td></tr>
<tr><td>4(b)(i)</td><td>Identify the type of questions used to gather the data in Table 4.1.

Answer (other appropriate responses to be credited):
• Closed (ended) questions.

Marks: 1 mark for correct identification.</td><td>1</td></tr>
<tr><td>4(b)(ii)</td><td>Identify the type of data gathered in Table 4.1.

Answer (other appropriate responses to be credited):
• quantitative data (number of yes or no answers)
• categorical data (frequencies).
• nominal data.

Marks: 1 mark for correct identification.</td><td>1</td></tr>
</table>

Question	Answer	Marks
4(c)	**Suggest <u>two</u> ways in which a decision support system can improve managerial effectiveness.** **Most likely answer** (other appropriate responses to be credited): Quote from study: 'DSS improve managerial effectiveness by: • Improving personal efficiency by allowing a manager to perform a task in a different way that uses less time or less effort • Expediting problem solving by providing faster turnaround, never insights, better consistency and greater accuracy • Facilitating interpersonal communication both with specific individuals and across organisational boundaries • Fostering learning or training • Improving overall control' **Marks:** 1 mark basic answer, 2 marks detailed answer/elaboration/example × 2. Equity theory scores no marks.	**4**
4(d)	**Discuss the advantages and disadvantages of gathering data from managers and workers about decision-making in their organisation. You should include a conclusion in your answer.** **Most likely answer** (other appropriate responses to be credited): **Advantage:** • Workers want to please management and show organisational commitment (e.g. Mowday et al.) • Workers want to impress to show that they are good, efficient workers • Managers want to gather data from their own workers, whom they may know well **Disadvantage:** • Workers want to go against management showing no organisational commitment (e.g. sabotage) • Workers want to impress to show that they are good, efficient workers and may not tell the truth • Workers may respond to demand characteristics (e.g. Hawthorne effect) • Managers may have a hidden agenda • Managers may know workers and may not report what workers accurately **Conclusion**: any appropriate conclusion drawn from the discussion that has been presented. 1 mark if appropriate. A conclusion is a 'decision reached by reasoning' and so a summary of points already made scores 0 marks. **Marks:** Question requires **discussion;** always **plural** of each argument, and always requires conclusion. **1 mark** for each advantage/disadvantage (however detailed) **and** related to the question up to 4 max. **2** marks max for two strengths/weaknesses unrelated to the question. **1 mark** for conclusion.	**5**

Question	Answer	Marks
	Section B: Design question (a) = 10 marks, (b) = 8 marks	
5(a)	**Design a study to investigate which type of phobia the general public think is the <u>most</u> common.** **Marks:** use generic levels of response Design a study question part (a). **Additional**: Candidates should design the study showing evidence of design features appropriate to the named method. The named method is: **any appropriate method**. **Specific features:** • **Experiments**: type, IV, DV, controls, experimental design. • **Observations**: type, setting, response categories, sampling frame, number of observers. • **Questionnaires/Interviews**: type, setting, example questions. Scoring/rating scale, analysis of responses. **General features of research methodology**: sampling technique and sample, type of data, ethics, reliability, validity, data analysis.	**10**
5(b)	**Explain the psychological and methodological evidence on which your study is based.** **Marks:** use generic levels of response 'Design a study' question part (b). NB If **only** methodological or psychological explanation is provided max 5 marks Candidates are expected to explain the reasons for the suggested design in part (a). Explanation should be both psychological and methodological. Psychological to include appropriate theory or research. **Additional:** candidates are expected to justify their decisions or evidence presented regarding the design made in answer to question part **(a)**. **Syllabus:** characteristics of anxiety disorders: types: agoraphobia and specific phobias (blood phobia, animal phobia, button phobia). ***Psychological****:* *Types of phobia from various sources: dogs (DiNardo et al.); buttons (Saavedra and Silver); various animals (Watson and Rayner) Horses (little Hans).* **NB** 2 marks max if psychological knowledge is not related to answer. ***Methodological****:* explanation of method using general and specific features as above.	**8**

Question	Answer	Marks
6(a)	**Design a study using a questionnaire to investigate whether people prefer a customer-focused approach or a product-focused approach when buying a new car.** **Marks:** use generic levels of response Design a study question part (a). **Additional**: Candidates should design the study showing evidence of design features appropriate to the named method. The named method is: **questionnaire.** **Specific features**: **Questionnaires**: type, setting, example questions. Scoring/rating scale, analysis of responses. **General features of research methodology**: sampling technique & sample, type of data, ethics, reliability, validity, data analysis.	**10**
6(b)	**Explain the psychological and methodological evidence on which your study is based.** **Marks:** use generic levels of response 'Design a study' question part (b). NB If **only** methodological or psychological explanation is provided max 5 marks Candidates are expected to explain the reasons for the suggested design in part (a). Explanation should be both psychological and methodological. Psychological to include appropriate theory or research. **Additional:** candidates are expected to justify their decisions or evidence presented regarding the design made in answer to question part **(a)**. **Syllabus:** selling the product: sales techniques: customer/competitor/product focused. ***Psychological****:* **Product-focused**: emphasis on the product; special features, design specifications etc., educating the customer about the product; sales person needs excellent knowledge of product. **Customer focused**: customer viewed as unique so emphasis on customer. Seller asks about customer needs, wants and desires so fit the product to the customer. **NB** 2 marks max if psychological knowledge is not related to answer. ***Methodological****:* explanation of method using general and specific features as above.	**8**

Question	Answer	Marks
7(a)	**Design a study using an interview to investigate what the students in a school understand by the terms 'acute pain' and 'chronic pain'.** **Marks:** use generic levels of response Design a study question part (a). **Additional**: Candidates should design the study showing evidence of design features appropriate to the named method. The named method is: **interview**. **Specific features**: **Interviews**: type, setting, example questions. Scoring/rating scale, analysis of responses. **General features of research methodology**: sampling technique & sample, type of data, ethics, reliability, validity, data analysis.	**10**
7(b)	**Explain the psychological and methodological evidence on which your study is based.** **Marks:** use generic levels of response 'Design a study' question part (b). NB If **only** methodological or psychological explanation is provided max 5 marks Candidates are expected to explain the reasons for the suggested design in part (a). Explanation should be both psychological and methodological. Psychological to include appropriate theory or research. **Additional:** candidates are expected to justify their decisions or evidence presented regarding the design made in answer to question part **(a)**. **Syllabus:** types and theories of pain: definitions of pain: acute and chronic organic pain; psychogenic pain (phantom limb pain) ***Psychological****:* • Acute pain: short-term, temporary (e.g. finger trapped in a door) • Chronic pain: long term (3 months or more) e.g. arthritis. **NB** 2 marks max if psychological knowledge is not related to answer. ***Methodological****:* explanation of method using general and specific features as above.	**8**

Question	Answer	Marks
8(a)	**Design a study using observations to investigate which followership type is the <u>most</u> common in an organisation producing toys.** **Marks:** use generic levels of response Design a study question part (a). **Additional**: Candidates should design the study showing evidence of design features appropriate to the named method. The named method is: **observation.** **Specific features: Observations**: type, setting, response categories, sampling frame, number of observers. **General features of research methodology**: sampling technique & sample, type of data, ethics, reliability, validity, data analysis.	**10**
8(b)	**Explain the psychological and methodological evidence on which your study is based.** **Marks:** use generic levels of response 'Design a study' question part (b). NB If **only** methodological or psychological explanation is provided max 5 marks Candidates are expected to explain the reasons for the suggested design in part (a). Explanation should be both psychological and methodological. Psychological to include appropriate theory or research. **Additional:** candidates are expected to justify their decisions or evidence presented regarding the design made in answer to question part **(a)**. **Syllabus:** leaders and followers: followership: qualities of and types (Kelley, 1988) ***Psychological****:* *Kelley (1988) outlines five styles:* • **Conformist followers** (**'the yes people'**) allow leaders to think and act and are positive and on the leader's side. • **Alienated followers**: predominantly negative; think for themselves but do not contribute to direction of the organisation. • **Passive followers** (**'the sheep'**) passive thinking and engagement; motivated by their leader rather than themselves. • **Pragmatist followers** minimal level of independent thinking and engagement; change to suit the situation • **Exemplary ('star') followers** think for themselves, have positive energy, and are actively engaged. **NB** 2 marks max if psychological knowledge is not related to answer. ***Methodological****:* explanation of method using general and specific features as above.	**8**

Question	Answer	Marks
	Section C: Evaluation question = 12 marks	
9	***'Symptom assessment of schizophrenia using virtual reality will one day remove the need for a doctor.'*** **To what extent do you agree with this statement? Use examples of research you have studied to support your answer.** **Marks:** use generic levels of response in table C. **Syllabus:** Characteristics of schizophrenia: symptom assessment using virtual reality **Most likely** (any other appropriate responses should be credited): **No doctor:** • patients sometimes prefer to give more personal details to a computer (e.g. Robinson and West) • patients can interact with a computer/VR in a situation and show how they would actually behave rather than try to describe it to a doctor 'The practitioner has no idea of how the patient actually behaves in the real world (or whether they are telling the truth)' • patients can be dishonest to a doctor, but may be honest as the VR situation demands • in the future computers/VR may be able to interpret symptoms and diagnose also. **Doctor**: • the doctor will always need to interpret behaviour and diagnose • the doctor will always need to prescribe appropriate medication (if deemed most suitable) • the doctor has experience and that can never be programmed into a computer • the doctor can ask questions as they arise; a computer/VR cannot 'interact'	**12**

Question	Answer	Marks
10	***'The theory of planned behaviour: if you plan to buy and you intend to buy, you definitely will buy.'*** **To what extent do you agree with this statement? Use examples of research you have studied to support your answer.** **Marks:** use generic levels of response in table C. **Syllabus:** purchase decisions: theory of planned behaviour (Ajzen, 1991) **Most likely** (any other appropriate responses should be credited): **Support:** • The model proposes that intentions (to purchase) automatically lead to behaviour (purchase). • The model has much supporting evidence: predictive of the purchase of a specific brand of grape drink (Bonfield, 1974), and toothpaste (Wilson, et al., 1975). • The model is said to apply in all cultures e.g. Bagozzi et al. (2000) **Does not support:** • Although the model proposes that intentions automatically lead to behaviour, this is not always the case. What people say and what they do is sometimes different. • There are always individual differences (e.g. as there are different types of shopper) and so there will also be cultural differences • The model is too general: whilst it might apply to some things (e.g. health behaviour) it might not apply to other things (such as consumer behaviour) • There are alternative models, such as the black-box model and the consumer decision model.	**12**

Question	Answer	Marks
11	***'Health promotion strategies developed in one country, such as those in the five city project (Farquhar et al., 1985), can never generalise to other countries.'*** **To what extent do you agree with this statement? Use examples of research you have studied to support your answer.** **Marks:** use generic levels of response in table C. **Syllabus:** health promo in schools, worksites & communities: communities (five city project, Farquhar et al., 1985) **Most likely** (any other appropriate responses should be credited): **Only USA:** • The USA has obesity and poor heart health, unlike many other countries in the world. • The USA has, perhaps, a greater number of people exposed to appropriate media, such as television. • The USA has many cities of approx. equal size so comparisons between cities can be made. Other countries may not have comparable cities/villages. **Worldwide:** • All countries need their inhabitants to improve their health in order to live longer • The techniques of health promotion, in general, are the same everywhere (fear arousal and providing information) • The measures taken in the five city project are physiological and so are reliable and the same measures can be taken anywhere on anyone.	**12**

Question	Answer	Marks
12	***'Errors in group decision-making are always due to the cognitive limitations of an individual rather than to being part of a groupthink situation.'*** **To what extent do you agree with this statement? Use examples of research you have studied to support your answer.** **Marks:** use generic levels of response in table C. **Syllabus:** Decision-making: cognitive limitations and errors (Forsyth, 2006); groupthink (Janis, 1971) and strategies to avoid groupthink. **Most likely** (any other appropriate responses should be credited): **Individual:** • People are sometimes limited in their understanding; they sometimes make 'sins of commission': belief perseverance, for example • People are sometimes poor in socially interacting in groups • People sometimes have a particular type of personality less cohesive to group dynamics • People will sometimes have 'interpersonal conflict' with other group members **Situational** • Groupthink itself is the result of situational/group rather than individual decision-making • Individuals may want to 'impress the boss' and so agree with group decisions rather than questioning them • Conflict created by raising questions might harm group cohesiveness.	**12**

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