Cambridge Assessment International Education

Cambridge International AS & A Level

PSYCHOLOGY **9990/41**

Paper 4 Specialist Options Application **May/June 2022**

MARK SCHEME

Maximum Mark: 60

Published

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

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

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Generic Marking Principles

These general marking principles must be applied by all examiners when marking candidate answers. They should be applied alongside the specific content of the mark scheme or generic level 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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Social Science-Specific Marking Principles (for point-based marking)

1 Components using point-based marking:

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

From this it follows that we:

a DO credit answers which are worded differently from the mark scheme if they clearly convey the same meaning (unless the mark scheme requires a specific term)

b DO credit alternative answers/examples which are not written in the mark scheme if they are correct

c DO credit answers where candidates give more than one correct answer in one prompt/numbered/scaffolded space where extended writing is required rather than list-type answers. For example, questions that require *n* reasons (e.g. State two reasons …).

d DO NOT credit answers simply for using a 'key term' unless that is all that is required. (Check for evidence it is understood and not used wrongly.)

e DO NOT credit answers which are obviously self-contradicting or trying to cover all possibilities

f DO NOT give further credit for what is effectively repetition of a correct point already credited unless the language itself is being tested. This applies equally to 'mirror statements' (i.e. polluted/not polluted).

g DO NOT require spellings to be correct, unless this is part of the test. However spellings of syllabus terms must allow for clear and unambiguous separation from other syllabus terms with which they may be confused (e.g. Corrasion/Corrosion)

2 Presentation of mark scheme:

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

3 Annotation:

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

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Question	Answer	Marks
1(a)	**In a case study by Glover, a 56-year-old married woman who had been shoplifting every day for 14 years attended treatment sessions. Her treatment used covert sensitisation with aversive imagery.** **Explain what is meant by the term 'aversive imagery'.** Most likely answer (other appropriate responses to be credited): • an image that induces change in behaviour using negative reinforcement or positive punishment. • for example, in the study by Glover the participant imagined nausea and vomitting as she approached an item in a supermarket with all other shoppers watching until she replaced the item and left the store. Marks: 1 mark for partial explanation; 2 marks for detailed explanation.	**2**
1(b)	**Suggest <u>two</u> strengths of the use of a face-to-face interview by a therapist treating a patient with kleptomania.** Most likely answer (other appropriate responses to be credited): • the therapist can observe the patient's responses to questions and other non-verbal movements which may help with diagnosis/therapy e.g. to see of the patient is being honest or not. • the therapist is providing a more personal service – seeing face to face and giving time to the patient, to understand their kleptomania, unlike a telephone interview which is less personal • the patient can observe the therapist, non-verbal communication, and see whether the therapist gives 'nods of agreement' to positive patient behaviour which can be rewarding • the patient can ask questions about their kleptomania which they may not do over a telephone. Marks: 1 mark for suggestion; 2 marks for related to kleptomania ×2	**4**
1(c)	**Suggest why biochemical treatments might <u>not</u> be effective when treating kleptomania.** Most likely answer (other appropriate responses to be credited): • there is no drug that specifically stops a person from stealing (better used with addiction to alcohol / an emetic such as ipecac which causes vomiting) • the person may not take the drug • the drug may be addictive and long-term use may cause additional problems. • drugs reduce symptoms but do not remove the cause (what symptoms does a person with kleptomania have?) Marks: 1 mark for each suggestion outlined and (+1 mark) related to kleptomania ×2 OR 1 mark for suggestion and 2–4 marks for detail and related to kleptomania.	**4**

Question	Answer	Marks
1(d)	**Discuss whether generalisations can or cannot be made from this case study. You should consider both sides of the argument and include a conclusion.** Most likely answer (other appropriate responses to be credited): Can • the treatment of covert sensitisation can be generalised to others with kleptomania • covert sensitisation can be used to treat other ICDs such as pyromania Cannot • the specifics of this individual case cannot be generalised • the aversive images (nausea and vomiting) will not work with everyone; different images need to be used. 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 point for/against (however detailed) and related to the question up to 4 max. 2 marks max for two points for/against unrelated to the question. 1 mark for conclusion.	**5**

Question	Answer	Marks
2(a)	**Dayan and Bar-Hillel (2011) conducted research on how the position of a food item on a menu influenced what participants ordered to eat. They compared four versions of menu item order. They described their sample and sampling technique in Study 1 as: *240 participants *from the Hebrew University, Jerusalem *all were students *aged 19–35 years *52% female, 48% male *recruited individually from around the campus.** **Suggest which sampling technique could have been used in Study 1.** Definitive answer: Opportunity sample (1 mark) because participants were recruited individually from around the campus (+1 mark). **Note**: 1 mark for term, +1 mark for related to study.	**2**
2(b)(i)	**Suggest <u>one</u> strength of the sample used in this study.** Most likely answer (other appropriate responses to be credited): • large sample (240) • students who will be familiar with ordering from a menu • wide age range (19–35) • nearly equal male/female balance (52% to 48%) Marks: 1 mark strength, +1 mark related to study	**2**

Question	Answer	Marks
2(b)(ii)	**Suggest <u>one</u> weakness of the sample used in this study.** Most likely answer (other appropriate responses to be credited): • small sample (240) • students who may be less familiar ordering from a menu • limited age range (19–35 only) Marks: 1 mark weakness, +1 mark related to study	**2**
2(c)(i)	**Identify <u>two</u> of the versions of menu item order used in Study 1.** Definitive answer: • Baseline menu (arbitrarily designated) • Mirror menu (that reversed the Baseline menu order completely within each category) • Inside-out base (that reversed the Baseline menu order within the top half and within the bottom half of each category, but not the top and bottom halves themselves, thereby turning middle items into extreme items and vice versa) • Inside out mirror (as above) Marks: 1 mark each condition correctly identified.	**2**
2(c)(ii)	**Explain why participants were randomly allocated to a version of menu item order.** Definitive answer: • It means that participants have an equal chance of being in any of the four conditions. It reduces the effect of systematic bias caused if the same condition were always in the same order. Marks: 1 mark reason, +1 mark related to study.	**2**

Question	Answer	Marks
2(d)	**Discuss the strengths and weaknesses of using a laboratory experiment to study menu item order. You should include a conclusion in your answer.** Most likely answer (other appropriate responses to be credited, such as eye movement patterns): Strengths: • a laboratory experiment has an IV, DV and controls e.g. extraneous situational variables • laboratory experiments are reductionist so one variable can be isolated and studied. • participants know they are taking part in a study (so give consent but not informed consent). Weaknesses: • most consumer behaviour (e.g. shopping) takes place in the real world and so studies should be conducted in the real world (rather than in a laboratory). • it may be reductionist to isolate variables to study (i.e. the IV) when many other variables that are controlled may contribute to consumer behaviour as a whole. • participants may respond to demand characteristics. 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 strength/weakness (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
3(a)	**McKinstry and Wang (1991) investigated the way in which doctors' clothing influenced patients' confidence in doctors. Patients were shown photographs of different styles of doctors' clothing. Data was gathered by an interviewer asking closed questions in a structured interview.** **Explain what is meant by a 'structured interview'.** Most likely answer • same questions asked to every participant (1 mark) in same order (1 mark) • example: McKinstry & Wang asked every participant "Which doctor would you feel happiest about seeing for the first time" Marks: 1 mark for one feature, 2 marks for two features or detail / any example	**2**

Question	Answer	Marks
3(b)	**Give <u>one</u> strength and <u>one</u> weakness of asking closed questions as used in this study.** Most likely answer (other appropriate responses to be credited): Strength • participants all answer on the same scale (0–5) • quantitative data means that the different conditions can be statistically compared Weakness • participants cannot explain / give a reason their answer • participants have no opportunity to provide any additional information Marks: 1 marks for each strength/weakness. +1 mark if related to study ×2	**4**
3(c)(i)	**Suggest how the quantitative data gathered for the styles in relation to confidence could be analysed.** Most likely answer (other appropriate responses to be credited): • mean score for each style of dress • hypothetical results table acceptable Marks: 1 mark for basic suggestion about analysis (not counting) +1 mark for detailed answer / elaboration (e.g. any measure of central tendency or range i.e. any analysis / descriptive statistic) OR +1 mark for relating to study.	**2**
3(c)(ii)	**Suggest how the quantitative data gathered for the styles in relation to confidence could be shown on a graph.** Most likely answer (other appropriate responses to be credited): • Bar chart plotting mean scores for each style of clothing (1 mark) χ axis bar for each style of clothing; Y axis for level of confidence (2 marks). Marks: 1 mark for suggestion (e.g. draw a bar chart) +1 mark for detailed related to study.	

Question	Answer	Marks
3(d)	**Discuss the strengths and weaknesses of using photographs to gather information about a doctor's clothing. You should include a conclusion in your answer.** Most likely answer (other appropriate responses to be credited): Strengths: • photographs are standardised: expression and dress remain constant • the study can be replicated using the same photographs • photographs can be presented in many different locations, not restricted to a laboratory Weaknesses: • photographs are static; people in real life are not • photographs need consent from the actors to be used in psychological studies Conclusion: any appropriate conclusion drawn from the discussion that has been presented. 1 mark if appropriate. Marks: Question requires discussion; always plural of each argument, and always requires conclusion. 1 mark for each strength/weakness (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
4(a)	**In just one year in the UK there were 21 deaths and 1372 injuries caused by chip pan fires. Cowpe (1989) reported on a safety campaign where two television advertisements were shown in ten regions of the UK between 1976 and 1982.** **Suggest the type of experiment used in this study.** Most likely answer (other appropriate responses to be credited): Field experiment: IV experimental groups (adverts in ten UK regions) [Quasi experiment – control over procedure but not participants] Marks: 1 mark identification or basic description, 2 marks related to this study. **Note**: natural experiment is incorrect because variables were manipulated.	**2**

Question	Answer	Marks
4(b)	**Explain how <u>two</u> safety promotion strategies were used in the television advertisements for this campaign.** Most likely answer (other appropriate responses to be credited): • prevention strategy telling people how to avoid a chip pan fire from starting. • containment strategy educating people on correct and incorrect procedure to follow if a chip pan fire starts. Also accept • providing information: this encompasses both of the above. • fear arousal: the advertisements included video of actual chip pan fires and the shocked responses of people to the fire. The aim to make people fearful of a chip pan fire. Marks: 1 mark identification of strategy, 2 marks detailed answer / related to this campaign. ×2	**4**
4(c)(i)	**Explain how the effectiveness of the campaign was measured.** Most likely answer (other appropriate responses to be credited): • number of chip pan fires measured through fire brigade statistics. • decline over 12 month period ranging from 7% to 12% reduction Marks: 1 mark basic answer, 2 marks detailed answer/elaboration/example.	**2**
4(c)(ii)	**Suggest <u>one</u> strength of gathering data in this way.** Most likely answer (other appropriate responses to be credited): • the data is objective. There is either an 'official' fire or there is not • data is quantitive and allows statistics/comparisons such as number of fires in different regions Marks: 1 mark basic answer, 2 marks detailed answer/elaboration/contrast/ example.	**2**

Question	Answer	Marks
4(d)	**Discuss the strengths and weaknesses of using television to promote safety in organisations. You should include a conclusion in your answer.** Most likely answer (other appropriate responses to be credited): NB: *any* organisation can be used (workplace, school, etc) Strengths • large numbers of most populations watch television • television advertising can be focused (specific to one region or channel) or it can be general (to everyone). • television advertising is the 'perfect' medium: not just a picture or words in a newspaper or poster). It has impact; can use 'celebrities' (see Yale model of communication) Weaknesses • some people may not have access to a television • some people might not watch the channel the advert is on (watching streaming television) • some people may not watch television advertising 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 strength/weakness (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**

Section B

Question	Answer	Marks
5(a)	**Design a study to investigate the effectiveness of biochemical treatments for impulse control disorder.** 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 & 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). **Note**: 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: treating and managing ICDs and non-substance addictive disorder: biochemical (Grant et al., 2008) *Psychological:* The biochemical treatment using nalmefene is believed by Grant et al. (2008) to help reduce the urge to gamble. To test its effectiveness, participants were assessed to ensure they were suitable to participate. They were then randomly allocated to either a group receiving nalmefene or to a group receiving a placebo. *Methodological:* explanation of method using general and specific features as above.	**8**

Question	Answer	Marks
6(a)	**It is suggested that people have cognitive maps of where individual food items are located in retail environments, such as supermarkets. Design a study to investigate whether people use cognitive maps to locate individual food items in a supermarket.** 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 & 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). **Note**: 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: cognitive maps of retail locations (Mackay and Olshavsky, 1975) *Psychological:* Mackay and Olshavsky (1975) studied cognitive maps in retail locations. Also relevant is the study on shopper movement patterns (Gil et al., 2009) *Methodological:* explanation of method using general and specific features as above.	**8**
7(a)	**Design a study to investigate whether doctor-centred or patient-centred practitioners are more likely to make incorrect diagnoses.** 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 & sample, type of data, ethics, reliability, validity, data analysis.	**10**

Question	Answer	Marks
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: practitioner diagnosis: type I and type II errors *Psychological:* no specific studies are assigned to this sub-topic, so any knowledge about type 1 and type 2 errors can be credited. The study by Rosenhan 'sane in insane places' could feature. However, doctor and patient-centred (Byrne and Long, 1976, Savage and Armstrong, 1990) is apposite. *Methodological:* explanation of method using general and specific features as above.	**8**

Question	Answer	Marks
8(a)	**Design a study using a questionnaire to investigate which non-monetary reward is more effective for workers in an organisation.** 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/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**

Question	Answer	Marks
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). **Note**: 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: non-monetary rewards: praise, respect, recognition, empowerment and a sense of belonging *Psychological:* There is no specific study here, but answers should include the aspects such as praise, respect, recognition, empowerment and a sense of belonging *Methodological:* explanation of method using general and specific features as above.	**8**

Question	Answer	Marks
9	***'Psychometric measures used to assess obsessive-compulsive disorder (OCD) provide therapists with no useful information.'*** **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: measures: Maudsley Obsessive-Compulsive Inventory (MOCI), Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) Most likely (any other appropriate responses should be credited): Useful: • measures such as Y-BOCS and MOCI indicate the severity of a disorder • these measures can highlight specific features of the disorder • these measures can be used as comparisons with others with the same disorder • these measures provide quantitative data Not useful: • talking to a therapist in a clinical interview can reveal perhaps more than any test • the measure can use scales (5 or 7 point) which may not represent what the person thinks: they could take a neutral option • people answering the questionnaires may not be honest about everything • measures assume people have similarities; they are less individualistic.	

Question	Answer	Marks
10	***'Studies using fMRI, such as those on pre-cognitive decisions, are of no value in understanding consumer behaviour.'*** **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: pre-cognitive decisions (Knutson et al., 2007). Most likely (any other appropriate responses should be credited): Value • studying how the 'mind' works will always be of value • fMRI is scientific equipment producing scientific/objective data • data might be useful to sellers if studies reveal what people are more likely to buy. No value: • just because fMRI shows that pre-cognitive decisions are possible, it has no ecological validity. • decisions made before they are conscious are irrelevant if the person then acts on that decision • observation of what people purchase is fact, just as fMRI is.	**12**

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Question	Answer	Marks
11	***'A biochemical test is the only accurate way to know that a person has adhered to a request to take their medication.'*** **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: biochemical tests (Roth and Caron, 1978) Most likely (any other appropriate responses should be credited): For: • biochemical testing is an objective measure resulting in quantitative data. • many studies have used biochemical tests: Roth and Caron (1978) • biochemical testing cannot be manipulated by the user: if a drug is not in the blood, then it has not been taken Against: • measure may not be valid: drug could be taken once, before test • measures are useful in theory, but in practice unlikely to be done due to costs and time. • measures are invasive: involve blood test (even urine test not ideal) • there are alternative ways of objectively measuring adherence, such as pill counting and using repeat prescriptions.	**12**

Question	Answer	Marks
12	***'There is no difference between Alderfer's ERG theory and Maslow's hierarchy of needs.'*** **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: hierarchy of needs (Maslow, 1970); ERG theory (Alderfer, 1972) Most likely (any other appropriate responses should be credited): No difference: • Alderfer's ERG theory combines Maslow's needs; Existence needs (physiological and safety needs); Relatedness needs (social and esteem needs); Growth needs (self actualisation) • both are need theories of motivation • both acknowledge the importance of the same types of need such as existence/physiological/safety Is difference: • some needs such as the 'new needs' do not appear in Alderfer's theory • combining 'two needs into one' may ignore some individual features • Alderfer has three, Maslow has eight, so they are different.	**12**