Cambridge Assessment International Education

Cambridge International AS & A Level

PSYCHOLOGY **9990/31**

Paper 3 Specialist Options: Theory **October/November 2023**

MARK SCHEME

Maximum Mark: 60

Published

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

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

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

Cambridge International is publishing the mark schemes for the October/November 2023 series for most Cambridge IGCSE, Cambridge International A and AS Level components, and some Cambridge O Level components.

© UCLES 2023

PUBLISHED

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.

© UCLES 2023

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.

© UCLES 2023

PUBLISHED

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.

© UCLES 2023

BOD	benefit of doubt		correct point (do not use more than one tick per mark)		incorrect point
NBOD	no benefit of doubt		use to bring attention to a key part	CONT	context
IRRL	irrelevant	L1	Level 1	NAQ	not answering question
REP	repetition	L2	Level 2	SEEN	Seen (for blank pages)
AN	Analysis	L3	Level 3		
?	Unclear	L4	Level 4		

Generic levels of response marking grids

Table A
The table should be used to mark the 8 mark part (a) 'Describe' questions (2, 4, 6 and 8).

Level	Marks	Level descriptor	Additional guidance to examiners Annotation – Mark each description with L1, L2, L3, L4 or NAQ for L0
4	7–8	• Description is accurate, coherent and detailed and use of psychological terminology is accurate and comprehensive. • The answer demonstrates excellent understanding of the material and the answer is competently organised.	Highly detailed descriptions of 2 or more of the 3 (or 4) study/theory/technique can achieve up to 8 marks. Two Level 4s = 8 marks (regardless of the levels for the other parts of the answer) One Level 4 and One Level 3 = 7 marks
3	5–6	• Description is mainly accurate, reasonably coherent and reasonably detailed and use of psychological terminology is accurate but may not be comprehensive. • The answer demonstrates good understanding of the material and the answer has some organisation.	Two Level 3s = 6 marks One Level 3 and One Level 2 = 5 marks
2	3–4	• Description is sometimes accurate and coherent but lacks detail and use of psychological terminology is adequate. • The answer demonstrates reasonable (sufficient) understanding but is lacking in organisation.	Two Level 2s = 4 marks One Level 2 and One Level 1 = 3 marks
1	1–2	• Description is largely inaccurate, lacks both detail and coherence and the use of psychological terminology is limited. • The answer demonstrates limited understanding of the material and there is little, if any, organisation.	Two level 1s = 2 marks One level 1 = 1 mark
0	0	• No response worthy of credit.	

© UCLES 2023

Table B The table should be used to mark the 10 mark part (b) 'Evaluate' questions (2, 4, 6 and 8).

Level	Marks	Level descriptor	Additional guidance to examiners Annotation – Mark each evaluation with L1, L2, L3, L4 or NAQ for L0, AN for analysis
4	9–10	• Evaluation is comprehensive and the range of issues covered is highly relevant to the question. • The answer demonstrates evidence of careful planning, organisation and selection of material. • There is effective use of appropriate supporting examples which are explicitly related to the question. • Analysis (valid conclusions that effectively summarise issues and arguments) is evident throughout. • The answer demonstrates an excellent understanding of the material.	If two issues are done (including the named issue) it is possible to achieve full marks, although both would have to be strong L4 responses. To be considered a level 3 or 4 response the candidate needs to do some **analysis**. This could be to consider the strengths and/or weaknesses of the issue under discussion **OR** it could be to consider the counterargument for the issue they have raised (e.g. if the candidate argues the theory is reductionist, they may also argue how it could be considered holistic) **OR** they could discuss the issues the psychologists could have with trying to achieve good ecological validity, ethics, etc. (e.g. could get social desirability if ethical)
3	7–8	• Evaluation is good. There is a range of evaluative issues. • There is good organisation of evaluative issues (rather than 'study by study'). • There is good use of supporting examples which are related to the question. • Analysis is often evident. • The answer demonstrates a good understanding of the material.	

Level	Marks	Level descriptor	Additional guidance to examiners Annotation – Mark each evaluation with L1, L2, L3, L4 or NAQ for L0, AN for analysis
2	4–6	• Evaluation is mostly accurate but limited. Range of issues (which may or may not include the named issue) is limited. • The answer may only hint at issues but there is little organisation or clarity. • Supporting examples may not be entirely relevant to the question. • Analysis is limited. • The answer lacks detail and demonstrates a limited understanding of the material. Note: If the named issue is not addressed, a maximum of 5 marks can be awarded. • If only the named issue is addressed, a maximum of 4 marks can be awarded.	Could be where candidate does their discussion by study/theory/treatment and therefore each point is not developed and there may be repetition. **Or** one good point. (up to 4 marks)
1	1–3	• Evaluation is basic and the range of issues included is sparse. • There is little organisation and little, if any, use of supporting examples. • Analysis is limited or absent. • The answer demonstrates little understanding of the material.	
0	0	• No response worthy of credit.	

Question	Answer	Marks	Guidance
1(a)	**Outline <u>two</u> common compulsions of body dysmorphic disorder (BDD).** Award 1 mark for a basic outline of the term/concept – one compulsion Award 2 marks for a detailed outline of the term/concept – two compulsions For example, • Camouflaging (with clothing, make-up, posture) • Mirror checking • Excessive grooming (shaving, tooth-brushing, hair-washing) • Comparing appearance to other people's • Seeking cosmetic surgery Other appropriate responses should also be credited.	**2**	Credit 2 types of camouflaging or grooming behaviour Skin picking, No credit to focus on body weight/weight loss, checking body smell and applying deodorant, constant face washing.

Question	Answer	Marks	Guidance
1(b)	**Describe the psychodynamic explanation for obsessive-compulsive disorder (OCD).** Award 1–2 marks for a basic answer with some understanding of the topic area. Award 3–4 marks for a detailed answer with clear understanding of the topic area. OCD arises from the anal stage of psychosexual development. (1) There may have been difficulties between the child and parent at this stage when the child defecated or urinated (1). Children may become either anally expulsive or anally retentive and the individual may become fixated at this stage (1). Compulsive cleaning or other rituals may help to soothe the early childhood trauma (1). Could also be the id and the superego in conflict with each other.(1) The obsessive cleaning could act as an ego defence mechanism to deal with this conflict (1). Other appropriate responses should also be credited.	**4**	Adler's explanation for OCD is also creditworthy – due to feelings of inferiority that drives individuals to achieve personal goals. Must refer to anal phase (or outline it) and that the person becomes stuck in this phase.

Question	Answer	Marks	Guidance
1(c)	**Explain <u>one</u> similarity and <u>one</u> difference between the psychodynamic explanation for OCD and genetic explanations for OCD.** Likely similarities include: • Deterministic – In neither case does the individual have any control of their OCD. Genes not under personal control and neither are psychosexual stages. Both highly deterministic (hard determinism) • Influence of parents – Heritability of genes in genetic explanations and psychosexual stages influenced by upbringing, particularly in fixation due to punishment or shame. • Treatments/therapies – Psychoanalytic therapy (psychoanalysis) could be used from the psychodynamic explanation. Gene therapy is a potential treatment from genetic explanations. • Reductionist – explanation is at basic level (although less so for psychodynamic). Fails to take into account other factors influencing. Likely differences include: • Treatments – gene therapy not possible at this time but psychoanalysis is used for OCD and has some success • Types of determinism – biological (for genetic) and psychic (for psychodynamic) • Objective versus subjective – Gathering of evidence for genetic will be objective but for psychodynamic will be subjective and depend on interpretation • Nature vs nurture – genetic explanation purely nature but psychodynamic more nurture (though has elements of nature in the id).	**6**	If more than one similarity/difference given, credit the best similarity/difference.

Question	Answer	Marks	Guidance
1(c)	Mark according to the levels of response criteria below: Level 3 (5–6 marks) • Candidates will show a clear understanding of the question and will explain one similarity and one difference • Candidates will provide a good explanation with clear detail. Level 2 (3–4 marks) • Candidates will show an understanding of the question and will explain one appropriate similarity (or difference) in detail OR one similarity and one difference in less detail. Level 1 (1–2 marks) • Candidates will show a basic understanding of the question and will attempt an explanation of a similarity (or difference). They could include both a similarity and a difference but just as an attempt. • Candidates will provide a limited explanation. Level 0 (0 marks) No response worthy of credit. Other appropriate responses should also be credited.		

© UCLES 2023

Question	Answer	Marks	Guidance
2(a)	**Describe the treatment and management of impulse control disorders and non-substance addictive disorder.** Treatment and management of impulse control disorders and non-substance addictive disorder, including the following: • biochemical (Grant et al., 2008) • cognitive-behavioural: covert sensitisation (Glover, 2011), imaginal desensitisation (Blaszczynski and Nower, 2002), impulse control therapy (Miller, 2010) **Biochemical (Grant et al., 2008)** 284 participants with gambling disorder treated in double-blind placebo-controlled trails. Either treated for 16 weeks with opiate antagonist nalmefene, 18 weeks with placebo/naltrexone or placebo/control. Gambling assessed using the Y-BOCs. Found the opiate group showed a greater reduction in symptoms than the placebo group on their Y-BOCs scores. Those with a family history of alcoholism showed the strongest response to the opiate antagonist. Higher doses of the opiate nalmefene was associated with a greater reduction in symptoms. Younger participants were more likely to respond to the placebo. Concluded that opiates can be an effective treatment especially for those who may have a genetic predisposition to respond positively to opiates. **Covert sensitisation (Glover, 2011)** Covert sensitisation is a form of behaviour therapy in which an undesirable behaviour is paired with an unpleasant image in order to eliminate that behaviour. Therefore, the impulsive behaviour could be paired with an unpleasant image or experience. For example, if the person was addicted to gambling they could think about their gambling	**8**	No credit to ECT. Also allow antidepressants (e.g. SSRIs) and anticonvulsants (e.g. toporimate) as a treatment. Grant, 2008 or Grant, 2005 can be credited.

Question	Answer	Marks	Guidance
2(a)	and then look at images of people who have gone bankrupt. They could eventually learn to do this while gambling or bring these images with them and look at them when they imagine gambling. Study involves a case study of a 56 year old woman seeking help with shoplifting. After the therapy her stealing behaviour had greatly reduced. **Imaginal desensitisation (Blaszczynski and Nower, 2003)** Taught progressive muscle relaxation, visualise situation where they feel the desire to carry out impulsive behaviour, they imagine carrying out the desire and then imagine leaving the situation. This works to reduce arousal and anxiety around the compulsive behaviour and can help to reduce the desires if practiced outside of the therapy sessions. A pathological gambler, Mary, age 52 is described in the study. She is taught the technique and this is used in the study to illustrate the therapy. Mary was taught to use imagery to identify typical gambling behaviours which helped to decrease the urge to gamble. Steps 1 Identify typical behavioural sequences when the client becomes aware of the urge to gamble. 2 Break up the sequence into 4–6 'scenes' that usually lead to gambling. 3 The client is taught progressive muscle relaxation and this relaxation is done at the start of sessions. 4 The client imagines each of the 4–6 'scenes' and at the end of each scene they practice progressive muscle relaxation. 5 The patient practices this technique at home with tape recorded instructions and keeps a log of their feelings, thoughts and behaviours between sessions.		

Question	Answer	Marks	Guidance
2(a)	**Impulse control therapy (Miller, 2010)** Impulse control disorders develop when the patient links positive feelings with specific objects or behaviours which form a state-dependent memory. This state dependent memory composed of feelings and the event form a unit called a 'feeling state' FS. Miller hypothesises that this FS is the cause of ICDs. Intense desire + intense positive experience leads to FS. Impulse Control Disorder Protocol (ICDP) was developed using a modified form of EMDR to treat ICDs. EMDR treatment involves identifying the traumatic image, identifying the negative feelings and beliefs associated with the image, and uses the Positive Feeling Scale, which identifies the intensity of the feeling on a range from 0 to 10. Eye movements are then used to process the image and feelings and install positive beliefs and feelings. A case study of John, a 35-year-old, compulsive gambler illustrates the application of ICDP. John identifies the positive feelings of excitement when he imagines gambling in the first session. Over five sessions, John visualises the feeling state along with EDMR and noticed a reduction in his urge to gamble and feelings of excitement. At a follow-up three months post treatment John reported his poker compulsion had not returned. Mark according to the levels of response descriptors in Table A. Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
2(b)	**Evaluate the treatment and management of impulse control disorders and non-substance addictive disorder, including a discussion of nature versus nurture**. A range of issues could be used for evaluation here. These include: • **Named issue nature versus nurture debate** with reference to the various treatments. The biochemical suggests impulses are due to nature. The other treatments recognise the nature element of the disorder as all practice some form of muscle relaxation but also recognise the nurture element as the patients are trained to reduce their desire to participate in the compulsive behaviour. • Application of psychology to everyday life (with reference to treatments). • quantitative/qualitative data • comparisons of different treatments • usefulness (effectiveness) of different treatments • reductionist nature of the treatments • deterministic nature of the treatments • appropriateness of treatments (e.g. if there are side effects) • cost of treatments • ethics of treatments Mark according to the levels of response descriptors in Table B. Other appropriate responses should also be credited.	**10**	

Question	Answer	Marks	Guidance
3(a)	**Outline 'behaviour constraint' in consumer theories of personal space.** Award 1 mark for a basic outline of the term/concept. Award 2 marks for a detailed outline of the term/concept. For example: Behaviour constraint allows people to protect themselves from the stress caused by crowding (1). Many behaviours are not possible if others are invading one's personal space (ease of movement, browsing, etc.) (1). This could lead to aggressive behaviour (1) such as those seen in store 'sales' (large discounts) when the store is very busy when the sale begins and the lack of personal space could lead to some of this increase in aggressive behaviour (1). Other appropriate responses should also be credited.	**2**	For full marks candidate must relate to consumer behaviour Behaviour constraints could include inability to browse so as to make careful choices, lack of access to items, leaving the shop. 1 mark to what is causing the behavioural constraint – invasion of personal space.

Question	Answer	Marks	Guidance
3(b)	**Describe Study 2 (the field experiment) by Dayan and Bar-Hillel (2011) about primacy, recency and menu item position.** Award 1–2 marks for a basic answer with some understanding of the topic area. Award 3–4 marks for a detailed answer with clear understanding of the topic area. • A field experiment in small café in Tel Aviv catering to students and young professionals). • IV was type of menu varied over 15 days. The base menu and 'inside-out' menu (where items within a category were changed from extremes to middle positions and vice versa) were applied to 20 items in 3 categories – Coffee with alcohol, soft drinks and desserts. • DV was number of orders placed from each menu type (recorded by the waiters). • Approx the same number of orders were made from each menu (459 from base and 492 from 'inside-out'). • Results found that items placed at the beginning or the end of the list (primacy and recency) were up to twice as popular as when they were in the centre of the list. This supported the results from Study 1.	**4**	1 mark for the location/sample 2 marks for procedure – length of study, types of menus and DV 1 mark for results For full marks must state the result. No mark for just stating 'field experiment' No credit for the aim. No difference between popular and unpopular items in terms of choice – still preferred if at beginning/end of menu 56% advantage for items on beginning/end of menu

© UCLES 2023

Question	Answer	Marks	Guidance
3(c)	**Explain <u>two</u> strengths of the study by Dayan and Bar-Hillel.** The response could refer to Study 1 **or** Study 2 **or** both studies. Likely strengths could include: • High levels of control (items on menu identical) (studies 1 and 2) • Generalisable as large amount of data collected (140 participants in study 1, over 900 items chosen in study 2) • Data gathered by waiters not researchers (less biased) (study 2) • High levels of ecological validity as real customers (study 2) • Baseline menu was the regular menu of the café (study 2) • Good agreement between the two studies as results supported one another (studies 1 and 2) Mark according to the levels of response criteria below: Level 3 (5–6 marks) • Candidates will show a clear understanding of the question and will explain two strengths. • Candidates will provide a good explanation with clear detail.	**6**	If more than two strengths are given, credit the best two.

Question	Answer	Marks	Guidance
3(c)	Level 2 (3–4 marks) • Candidates will show an understanding of the question and will explain one strength in detail. OR two strengths in less detail. Level 1 (1–2 marks) • Candidates will show a basic understanding of the question and will attempt an explanation of one strength. They could include two but just as an attempt. • Candidates will provide a limited explanation. Level 0 (0 marks) No response worthy of credit. Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
4(a)	**Describe what psychologists have discovered about consumer decision-making (models, strategies, marketing theories).** The syllabus covers • models: utility theory, satisficing, prospect theory • strategies: compensatory, non-compensatory and partially compensatory • marketing theories: consideration and involvement (Richarme, 2005) **Models: utility theory, satisficing, prospect theory** Utility theory – Consumers make rational decisions based on expected outcomes. The better the outcome for the consumer the more likely it is they will want to purchase an item. The higher the utility use for the consumer, the more likely they will decide to make a purchase. Satisficing – this is where the consumer satisfies their needs and searches amongst available products until they find an acceptable product. The get approximately where they want to go and then stop. If you were shopping for a new dress you would try on a few and then buy the one that seems 'good enough'. Prospect theory – added the ideas of value and endowment. Consumers value gains and losses in different ways and make their decision on the likelihood of gain rather than likelihood of loss. Endowment is when a product is more precious when you own it rather than someone else.	**8**	Can also credit 4Ps and 4Cs (one level) And communication and advertising models • changing attitudes and models of communication (source, message, etc.) • AIDA model (and updates of it) • hierarchy of effects model No credit to ways to close a sale

Question	Answer	Marks	Guidance
4(a)	**Strategies: compensatory, non-compensatory and partially compensatory** Compensatory – the consumer weighs up the various features of a product and decides to buy the one that has the most features that they want. For example, some consumers might value miles per litre for a car over appearance of the car while others might feel the opposite. Purchasing all depends on which attributes of a product are valued more by the individual consumer. Non-compensatory – This suggests that each feature of the product is evaluated individually by the consumer rather than allowing one to compensate for the other. Strategies used include satisficing (first product meeting basic requirements is chosen), elimination by aspects (considers any product that has the most important feature and then assesses those that remain under the next most important feature until a decision is reached) and lexigraphic (most important feature is evaluated and the item that is the most superior on that feature is selected, if some products are equal, then the second most important feature is considered). Partially compensatory – Majority of conforming dimensions – evaluate two products against all relevant features and chose the best one to purchase. Frequency of Good and Bad features – All potential products are compared and the one that is the most positive so long as it meets the minimum requirement, it is chosen.		

Question	Answer	Marks	Guidance
4(a)	**Marketing theories: consideration and involvement (Richarme, 2005)** Consideration – the consumer will create a short-list of products for consideration (a subset of brands) and then make the decision about which product to buy. For example, the consumer won't consider all available restaurants but will make a short-list of restaurants and make their decision using this short-list. Involvement – This theory deals with the amount of effort applied to decision-making. This is directly related to the level of importance the consumer places on acquiring a specific product. The degree of involvement is not necessarily a function of price, but is instead related to the perceived impact the purchasing of the product will have on the quality of life of the consumer. For example – chewing gum purchase will not have much involvement but the purchase of a new mobile/cell phone will. Mark according to the levels of response descriptors in Table A. Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
4(b)	**Evaluate what psychologists have discovered about consumer decision-making (models, strategies, marketing theories), including a discussion of generalisations.** A range of issues could be used for evaluation here. These include: • **Named issue** – **Generalisations** of theories Western cultures/developed countries have a wide variety of the same product available for consumers to purchase. Decision making may be different when income is much more limited and also when fewer products are available or the supply of products is severely limited. Can also be argued that regardless of the availability of products the consumer can still weigh up the pros and cons of a purchase and will use this to make a decision. • Reductionism • Practical applications • Determinism • Individual differences Mark according to the levels of response descriptors in Table B. Other appropriate responses should also be credited.	**10**	

Question	Answer	Marks	Guidance
5(a)	**Identify <u>two</u> recording devices that give physiological measures of stress.** Award 1 mark for each correctly identified item. Most likely answers • Functional magnetic resonance imaging (fMRI) • Sphygmomanometer (to measure blood pressure) • Galvanic skin response apparatus (measures electrical conductivity of skin, due to increased sweating) • Heart rate monitors (including wearables e.g. Fitbit, Apple watch) • Electrocardiogram (ECG) Other appropriate responses should also be credited.	**2**	Credit either identifying or describing what the recording device measures. Credit PET scan, EMG/sEMG Do not credit urine

Question	Answer	Marks	Guidance
5(b)	**Describe the study about psychological measures of stress by Friedman and Rosenman (1974).** Award 1–2 marks for a basic answer with some understanding of the topic area. Award 3–4 marks for a detailed answer with clear understanding of the topic area. Longitudinal study of 3000 healthy men aged 39–59 (1), assessed for personality type, followed up regularly for 9 years (1). Roughly half of the men assessed as Type A personalities (competitive, organised, ambitious, like control, work fast, feel guilty when they relax, hostile) and half as Type B personalities (not competitive, work more slowly, flexible, relaxed, patient) (1). Over the study over 70% of the 257 men who died had Type A personalities. (1) People who are Type A are more susceptible to stress and consequently more likely to have a stress-related illness such as coronary heart disease (CHD).(1) Other appropriate responses should also be credited.	**4**	1 mark for sample 2 marks for procedure (time scale and measured using personality test / type A/B questionnaire) 2 marks for results For full marks need to identify that type A/B personality and the result that type A is more likely to suffer from CHD/poor health or more likely to die.

Question	Answer	Marks	Guidance
5(c)	**Explain <u>two</u> weaknesses of the study by Friedman and Rosenman.** Weaknesses could include: • Androcentric/beta bias as only males used in the study • Assumed all CHD stress-related rather than another organic source • Only considered one stress-related illness when there could be others present that do not necessarily cause fatalities but could still be debilitating • It is based on the idea that people are either Type A or Type B personalities, when personality is more complex than this • Based on the idea that personality is a stable entity and does not vary according to time, mood, age • Reductionist as it is assuming a cause and effect relationship between personality features and CHD, when the CHD could be due to a number of different factors • Measurement of personality may be culturally biased as based on ideas that are important in Western culture • Other researchers assert that it is only the hostility factor in the Type A personality that is the risk factor for CHD	**6**	If more than two weaknesses are given, credit the best two.

Question	Answer	Marks	Guidance
5(c)	Mark according to the levels of response criteria below: Level 3 (5–6 marks) • Candidates will show a clear understanding of the question and will explain two weaknesses. • Candidates will provide a good explanation with clear detail. Level 2 (3–4 marks) • Candidates will show an understanding of the question and will explain one weakness in detail. OR two weaknesses in less detail. Level 1 (1–2 marks) • Candidates will show a basic understanding of the question and will attempt an explanation of one weakness. They could include two but just as an attempt. • Candidates will provide a limited explanation. Level 0 (0 marks) No response worthy of credit. Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
6(a)	**Describe what psychologists have discovered about strategies for promoting health (fear arousal, Yale model of communication, providing information).** Strategies for promoting health, including the following • fear arousal (Janis and Feshbach, 1953; Cowpe, 1989) • Yale model of communication • providing information (Lewin, 1992) **Fear arousal – Janis and Feshbach, 1953** Independent groups design experiment using 200 High School students (mean age 15 years) each exposed to lecture and administration of questionnaire to record emotional reactions 3 times. Group 1 (50) – High Fear Arousal Group – given lecture on dental hygiene and its effects including slides showing diseased mouths and explanation of diseases including cancer and consequences. Group 2 (50) – Moderate Fear Arousal Group – given similar lecture as group one and similar picture but less disturbing. Group 3 (50) – Minimal Fear Arousal Group – Lecture about teeth and cavities, without pictures or consequences. Control group (50) – given lecture about the structure of the human eye. Questionnaire given one week before lecture, after lecture and one week after lecture to gauge emotional reaction and level of conformity. Minimal fear arousal most effective in encouraging students to adopt the oral hygiene recommendations.	**8**	

Question	Answer	Marks	Guidance
6(a)	**Fear arousal – Cowpe, 1989** Aim was to test effectiveness of advertising campaign. Two 60 second adverts made showing the cause of chip pan fires (overfilling and inattendance). Shown in ten UK regions between 1976–1984. 12% drop in fires and high levels of awareness of the dangers of chip pan fires reported. **Yale model of communication** The source/the communicator – who is giving the message; are they credible, trustworthy? If a trustworthy person such as a doctor or scientist is giving the information to the person this is more likely to bring about behaviour change. The message / the communication / the context – is it clear and direct, one or two sided, vivid and colourful? If is the clear and attention-grabbing health message the person is more likely to pay attention to it (and this could then bring about change in their health behaviour). The medium – radio, TV, print, one-to-one, personal. This depends on the target audience. Health promotion aimed at young people could be best place on social media whereas older people might be better on TV or in the newspaper. The target / the audience – Who is the message aimed at? Is the audience sympathetic, knowledgeable? If the audience is not knowledgeable it is best to keep the message simple or show images (such as with a stopping smoking campaign that shows images of the damage caused by smoking).		

Question	Answer	Marks	Guidance
6(a)	The situation – where will the message be received, home, cinema, doctors? Where are the people most likely to be receptive to the health promotion message? Is it when they feel relaxed at home or when they are thinking about their health behaviour (e.g. at the doctor's surgery). The candidate might also consider the stages of the process (e.g. attention, comprehension and acceptance/reaction). **Providing information – Lewin, 1992 – (not 2002)** 176 patients recently suffered a heart attack were randomly allocated to either 1) self-help rehab programme 2) standard care plus a placebo package of information and informal counselling. Psychological adjustments better in the rehab group at one year. Significantly less appointments with GPs and fewer readmitted to hospital in first six months. Mark according to the levels of response descriptors in Table A. Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
6(b)	**Evaluate what psychologists have discovered about strategies for promoting health (fear arousal, Yale model of communication, providing information), including a discussion of quantitative and qualitative data.** A range of issues could be used for evaluation here. These include: • **Named issue** – **quantitative and qualitative data** Quantitative data in Cowpe (percentage of decrease in chip pan fires), Quantative data collected from a variety of sources in Lewin et al. study. Quantitative in Janis and Feshbeck e.g. % of students who had changed their tooth brushing behaviour. Social desirability in the Lewin study and Janis and Feshbeck due to self-report measures used. Lack of social desirability in Cowpe as this was secondary data from government statistics of chip pan fires. Strengths and weaknesses of quantitative/qualitative data • Longitudinal research • Usefulness • Generalisability of the samples used in the studies. • Ecological validity of the studies. • Holistic nature of Yale Model of Communication • Individual vs situational explanations	**10**	

Psychology and organisations

Question	Answer	Marks	Guidance
7(a)	**Identify <u>two</u> qualities of good followers (Kelley, 1988).** Award 1 mark for each correctly identified item. Most likely answers • Self-management (ability to think critically and work independently) • Commitment (keep up morale of self and others, high energy) • Competence (possessing skills and keen to upgrade these) • Courage (uphold ethical standards, loyal, candid) Other appropriate responses should also be credited.	**2**	Followership is a role not a person, so leaders can also be good followers in different situations.

Question	Answer	Marks	Guidance
7(b)	**Describe situational leadership (Hersey and Blanchard, 1988).** Award 1–2 marks for a basic answer with some understanding of the topic area. Award 3–4 marks for a detailed answer with clear understanding of the topic area. For example: The is no 'one size fits all' model for leadership.(1) There are two key concepts, leadership style of the leader and individual or group's maturity level.(1) Effective leadership has to be relevant to the task (1) and those that are most successful can adapt their leadership style to the maturity of those being led.(1) Types of situational leadership may be ***directing/telling*** (low relationship (little support needed) but high task controls), ***coaching/selling*** (workers need structure and emotional support), ***supporting/participating*** (workers need emotional support but little direction) or **delegating.** (Low support needed and low control). (3) Other appropriate responses should also be credited.	**4**	

Question	Answer	Marks	Guidance
7(c)	**Explain <u>one</u> strength and <u>one</u> weakness of situational leadership.** Likely strengths • Results in flexibility so tailored to organisation, team, and situation • Useful as it is so adaptive • Can help to develop the group (or individual) leading to hight competency and responsibility (more job satisfaction) • Holistic as takes into account a number of different factors • Generalisable to a great number of different teams and organisations Likely weaknesses • Managers would need training as not many would be able to adapt that quickly • Relies a great deal on skills and sensitivity of manager being able to recognise the need for support of both team and task, and also the ability to switch styles as appropriate • Individual differences in group – may need to support some but direct others and that could be difficult to manage. OR levels of maturity could be different within a group. • It is very general so manager would have to be able to decide which style is best • Not particularly useful in some settings (where tasks remain constant and team does not change) • Difficultly of assessment. Who is responsible for deciding the maturity of the group, for example.	**6**	If more than one strength (and/or weakness) is given credit the best one (in each case).

Question	Answer	Marks	Guidance
7(c)	Mark according to the levels of response criteria below: Level 3 (5–6 marks) • Candidates will show a clear understanding of the question and will explain one strength and one weakness. • Candidates will provide a good explanation with clear detail. Level 2 (3–4 marks) • Candidates will show an understanding of the question and will explain one appropriate weakness in detail or one appropriate strength in detail. OR one weakness and one strength in less detail. Level 1 (1–2 marks) • Candidates will show a basic understanding of the question and will attempt an explanation of either a strength or a weakness. They could include both but just as an attempt. • Candidates will provide a limited explanation. Level 0 (0 marks) No response worthy of credit. Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
8(a)	**Describe what psychologists have discovered about cognitive theories of motivation to work (goal-setting theory, VIE theory, equity theory).** Cognitive theories about motivation to work, including the following: • Goal setting theory (Latham and Locke, 1984) • VIE (expectancy) theory (Vroom, 1964) • Equity theory (Adams, 1963) **Goal setting theory (Latham and Locke, 1984)** There was a relationship between how difficult and specific a goal was and people's performance of a task. Specific and difficult goals led to better task performance than vague or easy goals. To motivate goals must have 1 Clarity – measurable and unambiguous 2 Challenge – challenging enough to feel a sense of achievement when accomplished. 3 Commitment – goals are understood and agreed upon with the employee 4 Feedback – Feedback provides opportunities to clarify expectations, adjust goal difficulty, and gain recognition 5 Task complexity – the employee should be capable of completing the task set. **VIE (expectancy) theory (Vroom, 1964)** This theory suggests how the actions and behaviours of individuals are done to maximise pleasure and minimise pain. Individuals are therefore more likely to be motivated to do certain acts, if they expect that rewards can be obtained, and that these rewards can be obtained without too much trouble and pain.	**8**	Credit SMART goals

Question	Answer	Marks	Guidance
8(a)	**Valence** Valence is the strength of preference for obtaining a particular outcome. Valence will be positive, when the individual prefers to attain some outcome to not attaining it. If the individual is indifferent, valence will be zero. It is therefore important for managers and employers to discover what is valued by the employees. If an extrinsic factor, such as recognition, is seen as a valuable outcome by an employee, managers may use this information to motivate his/her employee. **Instrumentality** Instrumentality refers to the belief that doing a task will result in the attainment of some valued reward. If instrumentality is high, an employee believes that certain actions will result in the attainment of the rewards valued by him/her. **Expectancy** Expectancy relates to the confidence they have in themselves in accomplishing a certain task or assignment satisfactorily. If the individual does not regard himself as competent enough to do a certain job, the individual will not see it as feasible to get the desired rewards, and hence demotivate the employee. According to Vroom, the strength of motivation to perform a certain task can be calculated using this formula: Motivation = Valence × Expectancy × Instrumentality **Managers can use the VIE-model accordingly:** Firstly, managers have to find out which rewards the employees want, and which rewards are seen as valuable by the employees. (Valence). Secondly, managers have to create instrumentality, in which managers must convince the employees about that the accomplishments of certain tasks, will generate the rewards valued by the employees.		

Question	Answer	Marks	Guidance
8(a)	Thirdly, managers must ensure that the employees have the necessary capabilities to accomplish the given task, so that the employees expect that they will be able to accomplish it, and thus get rewarded. **Equity theory (Adams, 1963)** 'Equity Theory focuses upon a person's perceptions of fairness with respect to a relationship. During a social exchange, an individual assesses the ratio of what is output from the relationship to what is input in the relationship, and also the ratio of what the other person in the relationship outputs from the relationship to what is input into the relationship. Equity Theory posits that if the person perceives that there is inequality, where either their output/input ratio is less than or greater than what they perceive as the output/input ratio of the other person in the relationship, then the person is likely to be distressed.' Adams For organisations this is where an employee/employer judges the employees' net worth to the company and whether they are equal to the other employees in the same company. They will judge their input to the company and also what they receive for this input in return. In addition, they will compare this judgement to the other employees of the company. If they perceive they are putting in more than they are getting out in comparison to the others in the organisation, the employee will not feel motivated as if the opposite were true. Mark according to the levels of response descriptors in Table A. Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
8(b)	**Evaluate what psychologists have discovered about cognitive theories of motivation to work (goal-setting theory, VIE theory, equity theory), including a discussion of individual and situational explanations.** A range of issues could be used for evaluation here. These include: • **Named issue** – **individual and situational explanations** – Locke and Latham are a mixture as the employer is helping the employee to set targets and goals and adjusting the situation if necessary but these targets and goals should be specific to that individual employee in order to be considered to be effective. VIE theory is on the individual side of the debate as Motivation = Valence × Expectancy × Instrumentality will be individual to the employee. Adams theory is somewhat more situational as the employee is looking to the situation (other employees) to decide if they are putting in as much as others to the company. There is also an individual element as the employee will have their own personal interpretation of what is meant by input (eg. Some may judge it as the number of hours you are at work while others may see it as whether you are working (and not taking frequent breaks) while at work). • Determinism and free will • Cultural bias/generalisations • Applications to everyday life • Any appropriate evaluation of evidence on which theory is based • reductionism	**10**	

Question	Answer	Marks	Guidance
8(b)	Mark according to the levels of response descriptors in Table B. Other appropriate responses should also be credited.		

© UCLES 2023