CAMBRIDGE
International Education

# Cambridge International AS & A Level

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

Paper 3 Specialist Options: Theory **October/November 2024**

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

GENERIC MARKING PRINCIPLE 1:

Marks must be awarded in line with:

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

GENERIC MARKING PRINCIPLE 2:

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

GENERIC MARKING PRINCIPLE 3:

Marks must be awarded **positively**:

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

GENERIC MARKING PRINCIPLE 4:

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

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| GENERIC MARKING PRINCIPLE 5:<br><br>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:<br><br>Marks awarded are based solely on the requirements as defined in the mark scheme. Marks should not be awarded with grade thresholds or grade descriptors in mind. |

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**Social Science-Specific Marking Principles**
**(for point-based marking)**

**1 Components using point-based marking:**

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

From this it follows that we:

**a** DO credit answers which are worded differently from the mark scheme if they clearly convey the same meaning (unless the mark scheme requires a specific term)
**b** DO credit alternative answers/examples which are not written in the mark scheme if they are correct
**c** DO credit answers where candidates give more than one correct answer in one prompt/numbered/scaffolded space where extended writing is required rather than list-type answers. For example, questions that require *n* reasons (e.g. State two reasons …).
**d** DO NOT credit answers simply for using a 'key term' unless that is all that is required. (Check for evidence it is understood and not used wrongly.)
**e** DO NOT credit answers which are obviously self-contradicting or trying to cover all possibilities
**f** DO NOT give further credit for what is effectively repetition of a correct point already credited unless the language itself is being tested. This applies equally to 'mirror statements' (i.e. polluted/not polluted).
**g** DO NOT require spellings to be correct, unless this is part of the test. However spellings of syllabus terms must allow for clear and unambiguous separation from other syllabus terms with which they may be confused (e.g. Corrasion/Corrosion)

**2 Presentation of mark scheme:**

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

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**3 Calculation questions:**

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

**4 Annotation:**

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

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|---|---|---|---|---|---|
| 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 |
| AN | analysis | L3 | Level 3 | + | Strong |
| ? | unclear | L4 | Level 4 | – | Weak |
| | | L5 | Level 5 | | |

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**Generic levels of response marking grids**

**Table A: AO1 Knowledge and understanding**
The table should be used to mark the 6 mark part **(a)** 'Describe' questions (4, 8, 12 and 16).
**Annotation – One Level at the end of the response.**

| Level | Description | Marks |
|---|---|---|
| 3 | • Clearly addresses the requirements of the question. (Must cover both theories/concepts, if two are required.)<br>• Description is accurate and detailed.<br>• The use of psychological terminology is accurate and appropriate.<br>• Demonstrates excellent understanding of the material. | **5–6** |
| 2 | • Partially addresses the requirements of the question. May cover one theory/concept only.<br>• Description is sometimes accurate but lacks detail.<br>• The use of psychological terminology is adequate.<br>• Demonstrates good understanding. | **3–4** |
| 1 | • Attempts to address the question.<br>• Description is largely inaccurate and/or lacks detail.<br>• The use of psychological terminology is limited.<br>• Demonstrates limited understanding of the material. | **1–2** |
| 0 | No creditable response. | **0** |

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**Table B: AO3 Analysis and evaluation**

The table should be used to mark the 10 mark part **(b)** 'Evaluate' questions (4, 8, 12 and 16).
**Annotation – Mark each evaluation point on left-hand side with L1, L2, L3, L4, L5, AN for analysis, CONT for specific detail. Overall level awarded underneath the candidate's response.**

| Level | Description | Marks |
|---|---|---|
| 5 | • Detailed evaluation/discussion of the key study or the psychological theories, research, approaches, explanations and treatments/therapies. Contextualised throughout.<br>• Analysis is evident throughout.<br>• A good range of issues including the named issue.<br>• Selection of evidence is very thorough and effective. (Must cover both theories/concepts, if two are required.) | **9–10** |
| 4 | • Detailed evaluation/discussion of the key study or the psychological theories, research, approaches, explanations and treatments/therapies. Mainly contextualised.<br>• Analysis is often evident.<br>• A range of issues including the named issue.<br>• Selection of evidence is thorough and effective. (Must cover both theories/concepts, if two are required.) | **7–8** |
| 3 | • Limited evaluation/discussion of the key study or the psychological theories, research, approaches, explanations and treatments/therapies. Attempt to contextualise.<br>• Analysis is limited.<br>• A limited range of issues including the named issue.<br>• Selection of evidence is mostly effective. (May cover one theory/concept only if two are required.) | **5–6** |
| 2 | • Superficial evaluation/discussion of the key study or the psychological theories, research, approaches, explanations and treatments/therapies.<br>• Little analysis.<br>• Limited number of issues which may not include the named issue.<br>• Selection of evidence is sometimes effective. | **3–4** |
| 1 | • Basic evaluation/discussion of the key study or the psychological theories, research, approaches, explanations and treatments/therapies.<br>• Little or no analysis of issues.<br>• Selection of evidence is limited. | **1–2** |

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| Level | Description | Marks |
|---|---|---|
| 0 | No creditable response. | **0** |

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**Section A: Clinical Psychology**

| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 1 | **Manjit has been diagnosed with schizophrenia. Her psychiatrist thinks that all mental disorders have a biological cause.**<br><br>**Suggest how the psychiatrist could help Manjit to understand a biological cause of her schizophrenia.**<br><br>Award 3–4 marks for a detailed answer with clear understanding of a biological explanation of Manjit's schizophrenia.<br>Award 1–2 marks for a basic answer with some understanding of a biological explanation of Manjit's schizophrenia.<br><br>**Biochemical (dopamine hypothesis)**<br>The dopamine hypothesis of schizophrenia states that symptoms may be caused by an excess of dopamine in the mid-brain and a reduction of dopamine in the prefrontal cortex.<br>The dopamine hypothesis of schizophrenia suggests that a high level of activity of dopamine D2 receptor neurotransmission in subcortical and limbic brain regions contributes to positive symptoms of schizophrenia, whereas negative and cognitive symptoms of the disorder can be attributed to heightened activity of dopamine D1 receptor neurotransmission in the prefrontal cortex.<br><br>**Genetic**<br>Schizophrenia appears to have a genetic cause as shown by Gottesman and Shields in their review article of studies of adoption, siblings and twins with schizophrenia. All adoption studies found an increased incidence of schizophrenia in adopted children with a schizophrenic biological parent. Biological siblings of children with schizophrenia showed a much higher percentage of schizophrenia. All twin studies found a higher concordance rate for schizophrenia in monozygotic (MZ) than dizygotic (DZ) twins. In Gottesman and Shield's own study the rate was 58% for identical twins, and 12% for non-identical twins. Conclusion - There is a heavy genetic input into the onset of schizophrenia. | **4** | Candidates can focus on genetic and/or biochemical explanations.<br><br>Can credit more than one biological cause.<br><br>Genetic (1)<br>Imbalance of dopamine or too high dopamine (1)<br><br>Too little dopamine can be creditworthy if linked to prefrontal cortex. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 1 | Example:<br>Research shows a number of biological causes/explanations for schizophrenia. These include both biochemical and genetic explanations (1) Schizophrenia has a genetic component so you may have inherited genes that predispose you to the condition. (1) It is also probable that you have excess of a neurotransmitter called dopamine in the mid-brain and a reduction in the prefrontal cortex. (1) These levels of dopamine may be causing both your positive and negative symptoms. (1) One reason for believing that dopamine is involved is that treating with anti-psychotics that regulate dopamine makes most patients feel better and reduces their symptoms, helping them to live a more normal life (1)<br><br>Other appropriate responses should also be credited. | | |

| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 2(a) | **Outline the idiographic versus nomothetic debate.**<br><br>Award 2 marks for an outline of the term/concept in context. Award 1 mark for a basic outline of the term/concept.<br><br>Example:<br>The extent to which psychology seeks to capture the uniqueness of an individual and their subjective experience (idiographic) or establishes generalisations/laws that apply to all people (nomothetic). (2)<br><br>OR<br>An idiographic approach focuses on individual unique experiences often using qualitative data. (1)<br>A nomothetic approach aims to establish laws that apply universally using psychometrics and quantitative data. (1)<br><br>Other appropriate responses should also be credited. | **2** | Idiographic collects qualitative data(1) and nomothetic collects quantitative data.(1)<br><br>Idiographic tends to do case studies. (1) Nomothetic does lab studies/controlled studies. (1)<br><br>Can award 1 mark for two poorly outlined definitions. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 2(b) | **Explain <u>one</u> strength of using an idiographic approach to diagnosing schizophrenia.**<br><br>Award 2 marks for an explanation of a strength in context.<br>Award 1 mark for a basic outline/identification of strength.<br><br>Strengths might include:<br>• People are unique and quantitative measures cannot capture the full experience of a complex condition like schizophrenia.<br>• Diagnosis of schizophrenia is not a simple matter of quantities of a series of symptoms and needs to look at the subjective experience of the individual.<br>• Idiographic techniques such as unstructured interviews can give insight into the experiences of the individual patient, giving greater insight.<br>• Descriptions given of specific delusions or the way positive or negative characteristics have impacted their lives allows the practitioner to diagnose better.<br><br>Example:<br>One strength of an idiographic approach is that the practitioner can use an unstructured interview (1) with the patient in order to ascertain the quality of their experience with delusions/hallucinations or other symptoms, potentially arriving at a clearer diagnosis of schizophrenia. (1)<br><br>Other appropriate responses should also be credited. | **2** | For full marks it needs to refer to something about schizophrenia specifically (e.g. symptoms)<br><br>If candidate refers to strength of treatment, only creditworthy if links to diagnosis first. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 3(a) | **Leo's parents are worried about his recent behaviour. His mother thinks that he may have obsessive-compulsive disorder (OCD). Leo's father says 'I do not agree. Leo has not been washing his hands all the time.'**<br><br>**Suggest <u>two</u> reasons why Leo's mother may think he has OCD.**<br><br>For each suggestion:<br>Award 2 marks for an outline of the suggestion linked to the context.<br>Award 1 mark for a basic outline/identification of each of the suggestions.<br><br>Diagnostic criteria from ICD-11:<br>• Persistent obsessions or compulsions, or most commonly both<br>• Obsessions and repetitive and persistent thoughts, images or impulses that are intrusive, unwanted and associated with anxiety<br>• Individual attempts to ignore or suppress obsessions or to neutralise them by performing compulsions<br>• Compulsions are repetitive behaviours, including repetitive mental acts that the individual feels driven to perform in response to an obsession, according to rigid rules, or to achieve a sense of 'completeness'<br>• In order to be diagnosed, obsessions and compulsions must be time consuming (e.g., taking more than an hour per day) or result in significant distress or significant impairment in functioning (including personal, family, social, occupational or educational).<br><br>Obsessions can include images (e.g., violent scenes), impulses/urges (e.g., to stab someone) as well as persistent thoughts (e.g., of contamination).<br>Compulsions can include checking, ordering objects, mentally repeating specific phrases, reviewing a memory, mentally counting objects as well as repetitive washing. | **4** | For full marks they must include reference to<br>• Obsessions<br>• Other compulsions<br>• Refer to Leo<br><br>No credit for washing hands in secret.<br><br>Can credit any explanation of OCD that Leo's mum might think could have led to him developing OCD such as psychodynamic, behaviourist, genetic.<br>To obtain full credit would need to then link to obsession and compulsion that Leo would show. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 3(a) | Example:<br>OCD includes obsessions and compulsions (usually both). Leo may have told his mother that he is having obsessions. For example, he could be experiencing fear that his parents will come to harm (1). In order to deal with the anxiety Leo is experiencing he is performing a compulsion. For example, he could be repeatedly count to 20 in his head. He may need to do this multiple times (1). Leo is spending all of his time at home in his room isolated from the rest of his family and rarely seeing friends so is showing distress (1). Leo's obsessions and compulsions are time-consuming (up to two hours per day, for example) (1). Although repeatedly washing hands is one example of a compulsion it is not the only one (1)<br><br>Other appropriate responses should also be credited. | | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 3(b) | **Explain <u>one</u> reason why an interview with Leo may <u>not</u> help to diagnose him with OCD.**<br><br>Award 2 marks for an explanation of why an interview with Leo may not necessarily be helpful in diagnosing him with OCD.<br>Award 1 mark for a basic explanation of why an interview with Leo may not necessarily be helpful in diagnosing him with OCD.<br><br>One reason from:<br>• Leo may feel ashamed of/embarrassed about his OCD and disclose little about what he is experiencing so that the clinician will not be aware of whether or not he fits the criteria for OCD.<br>• Leo may find it difficult to articulate how he feels, particularly if he is young, leading to difficulties with diagnosis.<br>• Clinician needs to be sensitive with his or her questioning giving plenty of opportunities for Leo to explain the effect his obsessions and compulsions are having on his life.<br>• The setting may not be conducive to disclosure. If Leo's parent(s) want to be there then this may lead to Leo down-playing his symptoms.<br>• Although Leo may be distressed by what he is experiencing, he may believe that his repeated intrusive thoughts are 'normal' so will not share them.<br><br>Example:<br>The interview technique employed by Leo's clinician may include a number of open-ended questions. Leo may find it difficult to articulate how he feels (1) When Leo tries to talk about his dark thoughts and repetitive behaviours, he may find it can be hard to put into words. This failure to disclose could lead to a lack of diagnosis as the various criteria for OCD have not been captured. (1)<br><br>Other appropriate responses should also be credited. | **2** | Must refer to interview technique and at least one characteristic of OCD |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 4(a) | **Describe the psychological explanations of impulse control disorders:**<br>• **behavioural: positive reinforcement and**<br>• **cognitive: Miller's feeling-state theory.**<br><br>Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question.<br><br>**Behavioural – positive reinforcement**<br>Operant conditioning states that the frequency of a behaviour is increased through the use of a reward. For the gambler this can be money (for the kleptomaniac and pyromaniac the thrill associated with their behaviours). Positive reinforcement explains gambling well by the use of schedules of reinforcement with the use of partial positive reinforcement (a reward is not received every time). Gambler is compelled to continue because they 'might' win the next time.<br><br>**Cognitive – Miller's feeling-state theory**<br>Intense positive feelings link with specific behaviours such as gambling. Impulse control disorders are caused because these links form a 'state-dependent memory' (feeling state). The intense feeling-state experienced is all the emotions, thoughts and physiological arousal, and this leads to impulse-control problems and causes obsessions. The individual with negative thoughts about themselves can experience an intense feeling of euphoria and power when they indulge in their impulsive behaviour, overcoming that negative thought to a great extent.<br><br>Other appropriate responses should also be credited. | **6** | Award up to 4 marks where the response has described only part of the question even if the response otherwise meets the criteria for Level 3. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 4(b) | **Evaluate the psychological explanations of impulse control disorders:**<br>• **behavioural: positive reinforcement and**<br>• **cognitive: Miller's feeling-state theory,**<br>**including a discussion about nature versus nurture.**<br><br>**Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates.**<br><br>Use Table B: AO3 Analysis and evaluation to mark candidate responses to this question.<br><br>• **Named issue – nature versus nurture** Behavioural is due to nurture as the person with impulse control disorder learns the disorder through rewards. Feeling state is mainly nurture as the patient develops the feeling state due to their experiences of the behaviour they have developed (e.g., gambling). Example analysis – If something is due to nature the person cannot alter this so therefore it could be argued the behaviour cannot be changed. However, modern medicine has created medications that alter our biochemistry. If something is due to nurture then the environment can be improved so that the rewarding experiences no longer happen (e.g., gambling websites could be prevented from giving such high maximum payments) and therefore the behaviour could either not be learned in the first place or someone being treated might find it easier to stop doing their impulsive behaviour.<br>• **Free will and determinism** Hard determinism would say that behavioural causes are beyond our control however, it could be argued that individuals could choose to stay away from situations that expose them to their impulsive behaviours e.g., pyromaniacs choosing not to seek fires to watch, lowing their risk of starting their own. Cognitive less deterministic as many types of therapies and theories have shown how we can change our thought processes leading to potential 'cures'. | **10** | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 4(b) | • **Individual and situational explanations** Behavioural are situational as the environment creates the impulse control disorder. However, individuals may be attracted to these specific environments. Gamblers choose to go to casinos or pubs where there are fruit machines, for example. Cognitive more individual as thought processes seen as unique to that individual<br>• **Reductionism versus holism** Reductionist nature of the causes. They do not take into account the background of the sufferer or the potential contribution of other factors e.g., genetics or indeed how these factors may be interacting within the individual.<br>• **Application to everyday life** Behavioural explanation useful because it allows treatment for the disorder by rewarding alternative behaviours, so extinguishing the original addiction. Cognitive allows individuals to have insight into what causes their behaviours in order to treat them.<br><br>**Other issues could include**<br>• Evaluation of evidence of causes<br>• Generalisability of the explanation to all types of impulse control disorders and non-substances.<br>• Idiographic versus nomothetic<br><br>Other appropriate responses should also be credited. | | |

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**Section B: Consumer Psychology**

| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 5 | **A mobile phone manufacturer wants to advertise a new phone. Advertisers propose creating an advertisement that is similar in design to advertisements for competitors' similar phones. This may interfere with consumers' memory.**<br><br>**Suggest how customers' memory for details of the new phone may be affected by this proposed advertisement.**<br><br>Award 3–4 marks for a detailed answer with clear understanding of how proactive and/or retroactive interference affect memory for the new phone.<br>Award 1–2 marks for a basic answer with some understanding of how interference affects memory for the new phone.<br><br>Syllabus reference:<br>Mistakes in decision-making<br>• Consumer memory for advertising including how retroactive and proactive interference affect memory, including a study, e.g., Burke and Srull (1988)<br><br>Possible content<br>• Interference occurs when two memories disrupt one another resulting in one (or both) of the memories being forgotten or distorted.<br>• Proactive interference occurs when an older memory interferes with a newer one causing the newer one to be forgotten. More likely to recall details of competitors' phones.<br>• Retroactive interference occurs when a newer memory interferes with an older one causing the older memory to be forgotten. More likely to recall details of new phone.<br>• Interference is most likely to occur when the memories are very similar<br>• Interference is most likely to occur when the memories are formed quite close together in time. | **4** | Context – mobile phone<br><br>For full marks needs to refer to interference. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 5 | Example:<br>As the advertisements are very similar in content and mood, interference is likely to occur with the memories of them (1). This would result in the advert for the new phone being ineffective as the potential customer cannot remember important details from it like, say, the name of the phone (1). If proactive interference occurs then the older advert will distort the memory of the new phone, so that details from this new phone advert will not be remembered (1). This would mean that the purpose of the advert would be lost as customers will not remember the details of the phone and so not be able to ask for it (1). This could lead to a reduction in potential sales (1). Even if retroactive interference occurs, when the newer advert (for this new phone) prevents parts of the older advert being remembered (1), this would mean that the customer may not remember details that enable a good comparison of features to be make. (1)<br><br>Other appropriate responses should also be credited. | | |

| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 6(a) | **Outline the reductionism versus holism debate.**<br><br>Award 2 marks for an outline of both sides of the debate.<br>Award 1 mark for a basic/incomplete outline of the debate<br><br>Example:<br>Reductionism occurs when concepts are broken down into small units to enable a more basic/elemental level of explanation/investigation (1)<br>Holism occurs when behaviour is considered as a whole, taking into account all of the person's influences – biological, cognitive, behavioural – in order to understand the individual better (1)<br><br>Other appropriate responses should also be credited. | **2** | Can award 1 mark for two poorly outlined definitions. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 6(b) | **Explain <u>one</u> reason why a competitor-focused sales technique can be considered reductionist.**<br><br>Award 2 marks for an explanation in context.<br>Award 1 mark for a basic explanation.<br><br>Syllabus reference:<br>Selling the product: Sales techniques focusing on customer-focused, competitor-focused, product-focused techniques including effect of each on buyer-seller relationship.<br><br>Competitor-focused sales are those which draw comparisons with other products or sellers (best price or customer service).<br><br>Example:<br>A competitor-focused sales technique ignores the quality of the product and the specific needs of the individual customer and instead focuses primarily on comparing itself to other competitors' products, which is a reductionist idea (1). This means that by changing the way they make comparisons, companies can investigate the best way to increase sales (1). The ability to change just one variable is a scientific approach, which is thus reductionist (1).<br><br>Other appropriate responses should also be credited. | **2** | 1 mark = definition of competitor-focused sales technique<br>1 mark = why reductionist |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 7(a) | **Mariyah's car has broken down and she needs to buy a new car.**<br><br>**Describe <u>two</u> stages Mariyah would go through in buying a new car, using the Engel Kollat Blackwell model of buyer decision-making.**<br>For each stage:<br>Award 2 marks for a description of how the stage applies to buying a car<br>Award 1 mark for a basic outline of how the stage applies to buying a car<br><br>Syllabus content:<br>Buying the product<br>The Engel Kollat Blackwell model of buyer decision-making<br><br>Stages in buyer decision-making:<br>1 Problem recognition<br>2 Search for alternatives<br>3 Alternate evaluation<br>4 Purchase decision<br>5 Post-purchase behaviour<br><br>Examples:<br>Mariyah could undertake an information search and visit two or three garages to see what is available (1) This will lead to her having a number of alternative cars that she is interested in purchasing (1)<br><br>Mariyah could compare the potential cars to one another in terms of features that are important to her (1) These could include the age of the car, mileage it has done, price (is it within her budget), aftersales service by the garage, size of car, manufacturing brand and its reputation for reliability (1) This would be evaluation of alternatives. | **4** | Context = car |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 7(a) | The comparison of alternative cars could lead Mariyah to choosing which one is more favourable to her (1) this could be due to a number of features such as size of the car and it's price (1) and she will purchase it (purchase decision) (1)<br><br>Other appropriate responses should also be credited. | | |
| 7(b) | **Explain <u>one</u> strength of the Engel Kollat Blackwell model of buyer decision-making.**<br><br>Award 2 marks for an explanation of a strength of the model.<br>Award 1 mark for a basic explanation of the strength of the model.<br><br>Likely strengths<br>• Comprehensive and detailed – accounts for many variables involved<br>• Has good face validity<br>• Applicable for expensive/important items such as a car<br>• Based on assumption that customer acts rationally<br><br>Example:<br>One strength of the Engel Kollat Blackwell model of buyer decision-making is that it is very comprehensive (1) It takes into account that customers will have alternatives to weigh up and that there are a number of factors that may affect the decision to purchase (1) These factors include budget, specific needs, availability, sustainability (1) All of these are accounted for within the model (1)<br><br>Other appropriate responses should also be credited. | **2** | Not necessary to contextualise<br><br>No marks for just stating can help to increase sales/satisfy customers – must link directly to Engel Kollat Blackwell model to be credited. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 8(a) | **Describe what psychologists have found out about retail atmospherics:**<br>• **model of effects of ambience: Mehrabian and Russell's pleasure-arousal-dominance (PAD) model, and**<br>• **the effects of odour on shopper pleasure-arousal-dominance.**<br><br>Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question.<br><br>Candidates must discuss the Mehrabian and Russell pleasure-arousal-dominance (PAD) model and the effects of odour on shopper pleasure-arousal-dominance. A mention of a study does not need to be Chebat and Michon (2003)<br><br>Syllabus content<br>Retail atmospherics<br>• Model of effects of ambience: Mehrabian and Russell's pleasure-arousal-dominance (PAD) model.<br>• The effects of odour on shopper pleasure-arousal-dominance, including a study, e.g., Chebat and Michon (2003)<br><br>Possible content:<br><br>**The Pleasure-Arousal-Dominance (PAD) model**<br>The Pleasure-Arousal-Dominance model by Mehrabian and Russell is a model developed to describe and measure emotional states. PAD uses 3 numerical dimensions – Pleasure, Arousal and Dominance to represent all emotions. The theory was originally developed for physical environments but has been widely applied elsewhere. The core idea is that physical environments influence people through their emotional impact. | **6** | Award up to 4 marks where the response has described only part of the question even if the response otherwise meets the criteria for Level 3. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 8(a) | All emotions can be reduced down to 3 dimensions and measured on a scale. The *Pleasure-Displeasure* scale measures how pleasant or unpleasant someone feels. For example, anger is an unpleasant emotion, scoring on the displeasure side, but joy is a pleasant emotion. The *Arousal-Nonarousal Scale* measures how energised someone feels. For example, both rage and euphoria would score highly for arousal but boredom would mean nonarousal. The *Dominance-Submissiveness Scale* represents how controlling and dominant versus controlled or submissive one feels. For instance, while both fear and anger are unpleasant emotions, anger is a dominant emotion, while fear is a submissive emotion.<br><br>When applied to the effects of ambience, the PAD model means that emotion or mood is a mediating factor between environmental cues and behaviour (Mehrabian & Russell, 1974). We react to the environment with approach or avoidance. Our emotional response can be measured according to the 3 dimensions. A positive response to music, smell, etc. increase length of time a consumer spends in a shop, increasing the amount of money spent.<br><br>**Effects of odour on shopper pleasure-arousal-dominance**<br>Environmental psychologists propose that individuals react to their environment with two contrasting forms of behaviour: approach and avoidance, where approach is a desire to stay, and explore. Much of the research on store atmospherics has presumed a mediating effect of mood on customer behaviour. This would support the PAD model.<br><br>**Chebat and Michon (2003)**<br>The researchers aimed to investigate if the PAD model accounted for the behaviour of participants or whether a cognition-arousal model better accounted for their behaviour. | | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 8(a) | Field experiment in a shopping mall in Canada over two weeks. Week 1 was a control week/group where no scent was put into the mall. In the second week a pleasing scent (citrus) was put into the mall's main corridor. 145 participants during the scent week (447 in the control week). Self-administered questionnaire given to participants by graduate marketing students not wearing any perfume. This questionnaire asked the participants about their shopping trip on product quality, the shopping environment, and the pleasure and arousal felt while shopping. Found a more favourable perception of the product quality and shopping environment when citrus scent in mall.<br><br>Results seemed to suggest more support for the cognition-arousal model than pleasure-arousal-dominance model.<br><br>Other appropriate responses should also be credited. | | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 8(b) | **Evaluate what psychologists have found out about retail atmospherics:**<br>• **model of effects of ambience Mehrabian and Russell's pleasure-arousal dominance (PAD) model**<br>• **the effects of odour on shopper pleasure-arousal-dominance**<br>**including a discussion of quantitative and qualitative data.**<br>**Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates.**<br><br>Use Table B: AO3 Analysis and evaluation to mark candidate responses to this question.Depending on the examples studied by candidates their answers may vary.<br>A range of issues could be used for evaluation.<br><br>• **Named issue – quantitative and qualitative data –** PAD model does include the measurement of the emotions on the Pleasure-displeasure, arousal-nonarousal and Dominance-submissiveness dimensions. Although a number of scales are available, all will be quantitative. Chebat and Michon collected a lot of quantitative data including product quality, shopping environment, pleasure and arousal. Quantitative data allows comparisons to be drawn and results analysed easily to make conclusions about control and experimental groups (conditions) in research. No qualitative data collected so there is a lack of highly valid data where participants can express views in their own words.<br>• **Application to everyday life** – PAD model can be applied to situations where effect of ambience on behaviour can be investigated. Chebat and Michon found that the PAD model is not supported and suggested that the process is more compatible with a cognition-arousal model. This has potential useful applications when environmental researchers are making predictions for how ambient characteristics may affect shopper behaviour.<br>• **Cultural differences** – the PAD model was developed in the West but it could be applied to other cultural groups. The dimensions of emotion could be universal. However, the way the specific emotions are viewed | **10** | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 8(b) | may be culturally diverse e.g., anger may not be viewed so negatively in some cultures. Chebat and Michon was carried out in a shopping mall in Canada. Cultures that shop in different ways e.g., open air markets typically, may find that the results do not apply. Views of different fragrances as appealing may also be culturally diverse.<br>• **Questionnaires** – Chebat and Michon collected data via questionnaire. A variety of items were asked and often on forced choice scales. Such items will tend to be reliable so questionnaires can be repeated with different conditions. Questionnaires can be subject to demand characteristics and question items need to be worded carefully to avoid leading questions in order to make sure that the responses are valid. However, they also lend themselves to a large collection of data as they can be administered quickly. Use of questionnaire also meant that consent could be gathered easily.<br>• **Objective and subjective data** – Chebat and Michon collected data that can be seen as objective (gender, age) and subjective (product quality, arousal). Objective data can be seen as more scientific as not left to interpretation. Subjective data is personal as it is the view of the individual participant.<br><br>Additional issues candidates may use include:<br>• Ecological validity<br>• Generalisations<br>• Control of variables<br>• Reliability<br>• Ethics<br><br>Other appropriate responses should also be credited.<br><br>*Many of the above issues have been applied to the Chebat and Michon study. It is important to remember that candidates do not have to use this study but they will need to refer to **a** study.* | | |

**Section C: Health Psychology**

| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 9 | **Camilla's father is told by his doctor that he needs to take pills every day. Camilla does not know if her father is adhering to his doctor's advice.**<br>**Suggest <u>two</u> ways in which Camilla could check whether her father has been taking his pills every day**.<br><br>For each suggested way/test:<br>Award 2 marks for an outline for each of the suggested ways/tests linked to the context.<br>Award 1 mark for a basic outline/identification of each of the suggested ways/tests.<br><br>Syllabus content:<br>• Subjective measures including clinical interview and semi-structured interviews<br>• Objective measures focusing on pill counting and medication dispensers<br>• Biological measures including blood and urine samples.<br><br>Examples:<br>Camilla could fit a TrackCap to her father's pill bottle (1). This would record each time the bottle had been opened and this would allow her to be reassured that her father is taking his daily medication (1).<br><br>Camilla could ask her father's doctor to conduct an interview with him asking him about his daily behaviours (1) including whether he has taken his pills. The doctor should be in a good position to assess whether Camilla's father is able to remember (1).<br><br>Camilla may be able to test her father's urine (using a test paper e.g., litmus or ketone test) to measure the levels of certain chemicals in his urine (1), which would indicate if he has adhered to his medication (1)<br><br>Other appropriate responses should also be credited. | **4** | Context – pills, methods to monitor pills and appropriate for Camilla to monitor that her father is taking the pills (every day). |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 10(a) | **There are two practitioner styles: doctor-centred (directed) and patient-centred (sharing).**<br><br>**Outline <u>one</u> of these practitioner styles in relation to an individual explanation.**<br><br>Award 2 marks for an outline in context<br>Award 1 mark for a brief outline.<br><br>Example:<br>An individual explanation would be one taking a view that behaviour is an innate trait/due to personality rather than one influenced by the situation they are in (1). One example of an individual explanation of practitioner style would be that a doctor-centred style of consultation is influenced by the professional expertise of the practitioner (1).<br><br>Other appropriate responses should also be credited. | **2** | Context = practitioner style – doctor-centred/patient-centred/directing/sharing<br><br>1 mark = definition of doctor/patient-centred<br>1 mark for link to individual explanation |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 10(b) | **Outline <u>one</u> weakness of an individual explanation, using an example from practitioner styles.**<br><br>Award 2 marks for an outline of the weakness in context.<br>Award 1 mark for a basic outline of the weakness.<br><br>Weaknesses may include:<br>• Individual explanations can be seen as innate so somewhat inflexible.<br>• Expertise of the individual ('doctor knows best') may lead to patients feeling reluctant to express their true feelings or views due to lack of confidence.<br>• Individual explanations could be seen as less adaptable to different cultures or individual differences in patients.<br>• Individual explanations could see the individual clinician as of higher status leading to less collaboration between patient and doctor. This could disempower the patient.<br><br>Example:<br>One weakness of an individual explanation is that as it is due to the personality of the doctor, this would tend to make it more inflexible (1). For example, a directing style of consultation would mean that there is no opportunity for the patient to have an input into their treatment (1) OR This could lead to the patient feeing that they are not being listened to. (1)<br><br>Other appropriate responses should also be credited. | **2** | Context = practitioner style – doctor-centred/patient-centred/directing/sharing<br><br>Patient-centred –<br>May find it difficult to communicate effectively about symptoms.<br><br>Social desirability is not creditworthy as it is not a weakness of an individual explanation. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 11(a) | **Hanif visits his doctor and reports that he has pains in his chest. When his doctor examines him, she notices that Hanif has a number of abdominal scars from previous surgery. The doctor cannot find anything physically wrong with Hanif and she thinks that Hanif may have Munchausen syndrome.**<br><br>**Suggest why the doctor may think that Hanif has Munchausen syndrome.**<br><br>Award 3–4 marks for a detailed answer with clear understanding of diagnostic criteria for Munchausen syndrome and how these apply to Hanif.<br><br>Award 1–2 marks for a basic answer of diagnostic criteria for Munchausen syndrome<br><br>Hanif's doctor is able to identify a number of essential and supporting features in Hanif's case. Features from DSM-IV (presented in case studies by Akeem & Ajarim (1995) and Lauwers et al, (2009))<br><br>Essential Features:<br>• Possibly lying about pains in his chest (nothing appears to be wrong with him).<br>• A number of scars suggests recurrent illness (possibly feigned or simulated).<br><br>Supporting features:<br>• Multiple scars (abdominal)<br>• Male<br>• Multiple hospitalisations (from abdominal scars)<br>• Equanimity for diagnostic procedures as he presented himself for diagnosis<br>• Equanimity for treatment as he presented himself to hospital and will potentially concur to treatment | **4** | Link to ICD-11 criteria: https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/790764418<br><br>TABLE 1. *Diagnostic features ofMunchausen syndrome.*<br>*Essential features*<br>Pathologic lying (pseudologiafantastica)<br>Peregrination (traveling or wandering)<br>Recurrent, feigned or simulated illness<br>*Supporting features*<br>Borderline and/or antisocial personality traits<br>Deprivation in childhood<br>Equanimity for diagnostic procedures<br>Equanimity for treatments or operations<br>Evidence of self-induced physical signs<br>Knowledge of or experience in a medical field<br>Most likely to be male<br>Multiple hospitalizations<br>Multiple scars (usually abdominal)<br>Police record<br>Unusual or dramatic presentation |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 11(a) | Example:<br>Hanif's doctor may suspect Munchausen's due to the presence of a number of essential and supporting features of the syndrome (1). Hanif appears to be lying about his chest pains as the doctor can find nothing wrong with him. Pathological lying is an essential feature (1). Hanif has presented with a lot of abdominal scarring and this suggests both recurrent illness (an essential feature) (1) as well as a specific supporting feature of multiple scars that are usually abdominal (1). In addition, Hanif has presented himself at the hospital for diagnosis and treatment. This suggests he is both happy to undergo a diagnosis and potential treatment, which are two supporting features (1). Hanif is male and this is a supporting feature (1).<br><br>Other appropriate responses should also be credited. | | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 11(b) | **Explain <u>one</u> weakness of the diagnostic features of Munchausen syndrome.**<br><br>Award 2 marks for a detailed explanation of the weakness<br>Award 1 mark for a basic explanation of the weakness.<br><br>Weaknesses may include:<br>• A set of features need to be present and this does not have to include all of the potential problems.<br>• Could be mistaken for another misuse of health services like malingering<br>• ICD and DSM criteria do not always agree (e.g., DSM cite being male as a supporting feature, ICD-11 say more prevalent in females).<br>• There is no one feature that must be present, making a definitive diagnosis difficult.<br>• The nature of the syndrome means that patients are likely to be pathological liars. Obtaining accurate information on which to base a diagnosis will be difficult.<br>• Relatively few physical features that can be identified.<br><br>Example:<br>One weakness of the diagnostic features of Munchausen syndrome is that it is quite easy to mistake for another problem like malingering (1). Features of both overlap, for example, multiple hospitalisations and seeking attention from practitioners (1).<br><br>Other appropriate responses should also be credited. | **2** | For full marks candidates need to refer to a diagnostic feature. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 12(a) | **Describe psychological measures of stress:**<br>• **a test of Friedman and Rosenman's Type A personality, and**<br>• **Holmes and Rahe's life events questionnaire.**<br><br>Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question.<br><br>Psychological measures: self-report questionnaires, including tests of Friedman and Rosenman's Type A personality and Holmes and Rahe's life events questionnaire.<br><br>**Friedman and Rosenman's Type A personality**<br>• Friedman and Rosenman believed the causes of stress come from a combination of events in a person's life as well as the type of personality they have. Type A personality are more likely to experience events as stressful compared to type B. Type As are controlling, high achieving and competitive; whereas type Bs are non-competitive, non-controlling and work more slowly.<br>• No standardised measure of type A personality<br>• There are many ways to measure type A personality including forced choice questions and Likert scale and the SI assessment (an *interview* measuring a person's emotional, nonverbal and verbal responses/expressive style).<br>• Examples of type A personality questionnaires include ***The Jenkins Activity Survey (JAS)*** – a questionnaire with 3 main categories: speed and impatience, job involvement and hard-driving competitiveness; ***Framingham Type A Behaviour Pattern scale –*** assesses an individual's sense of time urgency, competitive drive, and perceptions of job pressures**;** ***Finnish Type A scale;*** and ***Bortner Short Rating Scale;*** | **6** | Award up to 4 marks where the response has described only part of the question even if the response otherwise meets the criteria for Level 3.<br><br>Type A/B – outline of personality features for each (with no indication of a test) = L1 |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 12(a) | **Holmes Rahe life events questionnaire**<br>• Social readjustment rating scale (SRRS)<br>• Produces quantitative data.<br>• 43 life events are listed (e.g., death of a spouse, loss of job).<br>• The person chooses which events have happened to them over the past 12 months.<br>• Each event has a score associated with it e.g., marriage scores 50<br>• Scores are added and the higher the score, the higher the stress levels.<br>• Those scoring 300 life change units or more are more susceptible to illness.<br><br>Other appropriate responses should also be credited. | | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 12(b) | **Evaluate psychological measures of stress:**<br>• **a test of Friedman and Rosenman's Type A personality, and**<br>• **Holmes and Rahe's life events questionnaire.**<br>**including a discussion about questionnaires.**<br><br>**Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates.**<br><br>Use Table B: AO3 Analysis and evaluation to mark candidate responses to this question.A range of issues could be used for evaluation.<br><br>These include:<br>• **Named issue – questionnaires –** Both the SRRS and the various Type A personality tests are self-administered questionnaires. Both of these produce quantitative data but can be open to social desirability as well as demand characteristics. The person completing it may not want to admit certain life events (e.g., trouble with the law or sexual difficulties) due to embarrassment. They may also not recall events that have occurred during the past year. Both were done as questionnaires rather than interviews so can be done more confidentially and there is an increased likelihood of honesty from participants in a questionnaire. Type A personality can also be assessed via interview.<br>• **Psychometrics** – Both types of tests are psychometric measures since they are measuring a feature of personality and experience. Psychometric measures can be seen as reductionist and fail to capture the full qualitative experience of personality. However, as scores are produced these can be compared to assess reliability and can be used for data analysis.<br>• **Subjective and objective data** – SRRS produces data that is objective. This can be an issue as they do not allow the participant to express the degree to which the events are actually stressful. Loss of job, for example, though difficult could result in freedom to pursue other avenues of employment that may be a great deal more satisfying. For others, it | **10** | |

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| Question | Answer | Marks | Guidance |
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| 12(b) | could represent loss of a job that they love and lead to a significant loss of self-esteem. Objective data is easy to analyse and compare. Type A personality tests will sometime ask objective questions but often they are subjective as they are asking an opinion or an extent to which an item is true.<br>• **Validity** – Both types of questionnaires should be relatively high in face validity and ecological validity. However, stress is not just experienced by life events. Other research suggests that daily hassles and uplifts are more significant in stress levels. Forced choice items in Type A tests can lack validity.<br>• **Reliability –** SRRS is a reliable measure as it is standardized. Due to the multiple versions of Type A personality tests, reliability is harder to ascertain.<br><br>Additional issues could include<br>• Generalisability<br>• Application to everyday life<br>• Quantitative data<br><br>Other appropriate responses should also be credited. | | |

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**Section D: Organisational Psychology**

| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 13 | **Ulrich manages an office where there is some conflict between the workers. Ulrich has read that a more stereotypical feminine leadership style may help him to manage his workers better.**<br><br>**Suggest how Ulrich could change his leadership style to one that is more stereotypically feminine.**<br><br>Award 3–4 marks for a detailed answer with clear understanding of stereotypically feminine leadership style and how these could be used by Ulrich<br>Award 1–2 marks for a basic answer of stereotypically feminine leadership style<br><br>Syllabus content:<br>Leadership style and gender, Key Study on leadership style and gender Cuadrado et al. (2008)<br><br>Stereotypically feminine leadership styles (from Cuadrado et al):<br>• Democratic<br>• Relationship-oriented<br>• Individualised consideration.<br><br>Stereotypically masculine leadership styles: Ulrich should not be –<br>• Autocratic<br>• Task-orientated<br><br>Example:<br>Ulrich should try to move from an autocratic style to a democratic style (1). He could do this by sitting his workers down as a group and asking them as a whole how they believe any conflict could be handled (1). This would mean the workers would feel they have a say in the decision-making and this should mean they feel more ownership of their work (1). In addition, Ulrich should | **4** | Context – leadership style, autocratic, democratic, feminine, masculine, task-oriented, relationship-oriented, individualized consideration<br><br>For 3-4 marks – needs terminology. |

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| Question | Answer | Marks | Guidance |
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| 13 | move from a task-orientated to a relationship-oriented style (1). For example, by focusing on the relationships between the workers that are causing conflict rather than simply the job that needs to be done (1). The difficulties between the workers may be what is preventing the task being achieved and the resolving of relationship difficulties first could mean that the job gets done better/quicker (1).<br><br>Other appropriate responses should also be credited. | | |

| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 14(a) | **Outline what is meant by intrinsic motivators at work.**<br><br>Award 2 marks for an outline of the term/concept.<br>Award 1 mark for a basic outline of the term/concept.<br><br>Syllabus content:<br>• Intrinsic motivators at work: non-monetary rewards including praise, respect, recognition, empowerment and a sense of belonging.<br><br>Example:<br>Intrinsic motivators at work are those that come from a sense of satisfaction the employee has that they have done a good job (1) Intrinsic motivators will include praise, respect (1) recognition, empowerment (1) and a sense of belonging.<br><br>Other appropriate responses should also be credited. | **2** | 1 mark max for just examples.<br><br>1 mark – internal sense of reward<br>1 mark – example<br>One must link to work. |

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| Question | Answer | Marks | Guidance |
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| 14(b) | **Explain why intrinsic motivators at work can differ between cultures.**<br><br>Award 2 marks for an explanation linked to the cultural difference in intrinsic motivators.<br>Award 1 mark for a basic explanation.<br>Examples:<br>Those in individualistic cultures (e.g., USA) are likely to be motivated more by praise (1) than those in collectivist cultures (e.g., China), where praise is immodest (1)<br><br>In Eastern cultures it is more likely for people to be motivated by a sense of belonging (1) than in Western society. This is because of the importance of making a contribution to society (1) that is more valued in the East than the West.<br><br>Other appropriate responses should also be credited. | **2** | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 15(a) | **Tayyibah is the manager of a small factory making fabric. Tayyibah has noticed that her workers do <u>not</u> seem to be motivated, although they receive good wages. She thinks that using Maslow's hierarchy of needs could help.**<br><br>**Suggest <u>two</u> ways in which Tayyibah could use Maslow's hierarchy of needs to motivate her workers.**<br><br>For each suggested way:<br>Award 2 marks for a suggestion of how Maslow's hierarchy of needs can motivate the workers<br>Award 1 mark for a basic suggestion of how Maslow's hierarchy of needs can motivate the workers OR outline of one need from Maslow's hierarchy other than wages.<br><br>Suggestions should come from any of the levels of need, including:<br>• Self-actualisation (highest)<br>• Aesthetic<br>• Cognitive<br>• Esteem<br>• Belonging<br>• Safety<br>• Physiological (lowest)<br><br>Examples:<br>• Tayyibah should ensure that her workers have regular rest breaks (1). If they are too tired then their physiological needs are not being met so they will not be motivated for any higher need (1).<br>• Tayyibah could ensure that she regularly gives positive feedback to employees (1). This is likely to increase their sense of esteem, allowing them to then look at higher needs (1).<br>• Tayyibha could provide a small room where workers could eat lunch | **4** | Needs to be appropriate to factory environment for full marks. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 15(a) | together and relax during breaks (1). This would ensure that they feel they belong, allowing them to focus on their esteem needs next (1).<br><br>Other appropriate responses should also be credited. | | |
| 15(b) | **Explain <u>one</u> weakness of Maslow's hierarchy of needs**<br><br>Award 2 marks for an explanation of the weakness.<br>Award 1 mark for a basic explanation of the weakness.<br><br>Weaknesses may include:<br>• Even if needs in workplace are met, if those needs are not met outside of work (e.g., at home) then the worker will not be motivated<br>• In many workplaces, being able to provide workers with tasks that are aesthetic, for example, may prove very difficult<br>• Self-actualisation is an unrealistic goal for most, particularly in the workplace<br>• Cultural bias – emphasis on the individual/individualistic culture.<br>• For an employer meeting the budget for any changes could be challenging<br><br>Example:<br>One weakness of Maslow's hierarchy of needs in the workplace is that making some changes to practices and facilities in the workplace can prove costly (1). It is difficult for a manager to recognize the importance of facilities to ensure staff feel a greater sense of belonging (1) while at the same time paying their employees well (employee pay is frequently the largest expenditure for any organization) (1).<br><br>Other appropriate responses should also be credited. | **2** | |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 16(a) | **Describe what psychologists have discovered about group development and decision-making:**<br>• **stages of group development, and**<br>• **Belbin's nine team roles.**<br><br>Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question.<br><br>Candidates must discuss both stages of group development and Belbin's nine team roles but they need not refer to the study by Tuckman and Jensen named in the syllabus.<br><br>**Group development**<br>Tuckman and Jensen noted five stages – forming, storming, norming, performing and adjourning<br>Tuckman also proposed a four-stage development procedure for a group – orientation to the task, intra-group conflict, development of group cohesion and functional role-relatedness (group begins to tackle the task at hand).<br><br>Stages –<br>Forming – the group/ground rules are established; other group members are strangers.<br>Storming – conflict occurs as the group members establish their place in the group. Conflict may occur between the leader and the other group members.<br>Norming – the members begin to feel a part of the group/team and each person's role within the team is clear.<br>Performing – the group has a clear vision and purpose and there is a focus on shared goal achievement.<br>Adjourning – the group disbands due to the completion of a project or it could be where an existing group reviews their progress over the past year/6 months. The group recognises how much they have achieved and each person's contribution to the shared tasks. | **6** | Award up to 4 marks where the response has described only part of the question even if the response otherwise meets the criteria for Level 3. |

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| Question | Answer | Marks | Guidance |
|---|---|---|---|
| 16(a) | **Team roles (Belbin, 1981)**<br>Belbin identifies nine roles within a team – plant (creative problem solvers), specialist (skill and knowledge specialists), monitor evaluator (strategic thinkers), shaper (risk takers and thrive on pressure), implementer (turn ideas into practical action), team worker (work together and avoid friction within team), resource investigator (explore opportunities for the team), coordinator (good chairperson for the team), and completer finisher (good at finding errors and finishing projects on time).<br><br>Other appropriate responses should also be credited | | |
| 16(b) | **Evaluate what psychologists have discovered about group development and decision-making:**<br>• **stages of group development, and**<br>• **Belbin's nine team roles,**<br>**including a discussion about application to everyday life.**<br><br>**Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates.**<br><br>Use Table B: AO3 Analysis and evaluation to mark candidate responses to this question. A range of issues could be used for evaluation.<br><br>These include:<br>• **Named issue – Application to everyday life** – With stages of development, these help managers and staff to know that this is how groups/teams form and the stages are a normal part of group development. This could be important during the conflict stage as this might be uncomfortable for employees to experience. There are also leadership strategies that can be used to facilitate groups at each stage of development (e.g., coaching, coordinating, empowering and supporting) Could be seen as useful to recognise the theories in action, | **10** | |

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| Question | Answer | Marks | Guidance |
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| 16(b) | however, these are not ideas resulting from actual research with organisations so some of the practical applications may be more difficult than others. Tuckman and Jensen refer frequently to lack of empirical evidence for stages of group development and how more needs to be done.<br>• **Generalisations.** Both stages of group development and Belbin's roles can be applied to all groups in all organisations and has been applied to many different kinds of groups, be it in a factory or an office. However, the theories were developed when groups were almost always meeting face to face. A different dynamic / set of stages / set of roles could apply to remote workers. With Belbin's team roles, not all organisations or teams within organisations have nine team members, it does not state if all nine are required for the team to be effective. Tuckman's stages originally developed to describe the stages that small groups pass through and might not be applicable to larger groups in organisations. No indication given of how long a group should stay at each of Tuckman's stages in order to reach an appropriate decision or action.<br>• **Individual and situational explanations** – Tuckman and Belbin seem to suggest situational as the teams develop within an organisation but could argue as well that each team role is individual depending on the personal preference of the individual. The stages of group development are due to the group and not the individual (or could argue a persuasive individual could have a large effect on the stage that the group is at or remains at).<br>• **Reductionism versus holism** – Tuckman's theory is somewhat holistic as it considers five/four stages of group development (rather than just one or two) and suggests that it takes time for a group to interact and develop in order to be effective. However, it is assuming that all groups develop in this way and are all the same. Groups may form very quickly in an organisation and achieve a task (e.g., if there is a complaint in the organisation) without going through this process. | | |

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| Question | Answer | Marks | Guidance |
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| 16(b) | • **Idiographic versus nomothetic –** Both stages of development and Belbin's team roles are nomothetic as they establish a set of rules/laws that are adopted by all organisations.<br><br>In addition, candidates may bring other aspects into their evaluation such as:<br><br>• Determinism<br>• Temporal validity | | |

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