



# Cambridge International AS & A Level

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**PSYCHOLOGY****9990/42**

Paper 4 Specialist Options: Application

**October/November 2023****MARK SCHEME**Maximum Mark: 60

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**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.

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This document consists of **25** printed pages.

**Generic Marking Principles**

These general marking principles must be applied by all examiners when marking candidate answers. They should be applied alongside the specific content of the mark scheme or generic level descriptors for a question. Each question paper and mark scheme will also comply with these marking principles.

**GENERIC MARKING PRINCIPLE 1:**

Marks must be awarded in line with:

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

**GENERIC MARKING PRINCIPLE 2:**

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

**GENERIC MARKING PRINCIPLE 3:**

Marks must be awarded **positively**:

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

**GENERIC MARKING PRINCIPLE 4:**

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

**GENERIC MARKING PRINCIPLE 5:**

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

**GENERIC MARKING PRINCIPLE 6:**

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

**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.

**Each option has three questions:**

**Section A: (stimulus) Answer two questions from choice of four: (a)=2, (b)=4, (c)=4 & (d)=5 [15 total]**

Section A: candidates answer two questions from a choice of four, based on the two specialist options they have studied. Each question is based on stimulus material and is divided into four parts. There are

2 marks for part (a), 4 marks for part (b), 4 marks for part (c) and 5 marks for part (d).

**Section B: (design) Answer one question from choice of four: (a) = 10 marks, (b) = 8 marks [18 total]**

Section B: candidates answer one design-based question from a choice of four, based on either of the two specialist options they have studied. The question is divided into two parts. There are 10 marks for

part (a) and 8 marks for part (b).

**Section C: (e) Answer one question from choice of four 12 marks. TOTAL MARKS = 60**

Section C: candidates answer one essay question from a choice of four, based on either of the two specialist options they have studied. There are 12 marks for this question.

Questions will require candidates to consider approaches, research methods and issues and debates. The questions will be based on two topic areas (a, b, c, d, e) covered within the chosen specialist option. The two topic areas for each specialist option will be different to the two topic areas assessed in Paper 3.

*In order to achieve the same standard across all questions in a Section, the same generic mark schemes are used for each option. These mark schemes are as follows.*

<b>Section A: Stimulus (Generic response descriptor)</b>		
(a)	0–2	<b>1 mark</b> for basic answer e.g. identification. <b>1 mark</b> for elaboration/example.
(b)	0–4	Questions have one or two requirements <b>If 1 mark for one aspect: [1 mark max]</b> 1 mark for identification or statement.
(c)	0–4	<b>If 2 marks for two aspects: [2 + 2 marks]</b> <b>1 mark</b> basic answer. <b>2 marks</b> elaboration ×2. <b>If 4 marks for one aspect: [4 marks]</b> <b>1–2 marks</b> basic answer. <b>3–4 marks</b> detailed answer/elaboration. Partial answers score half marks (i.e. 4 to 2 or 2 to 1)
(d)	0–5	Question requires <b>discussion</b> . Question always <b>plural</b> of each argument. Question always requires conclusion. <b>1 mark</b> for each for/against argument (however detailed) up to 4 max. <b>1 mark</b> for conclusion.  <b>Note</b> If three (or more) arguments for one side, best two credited. If one side only, max 2 marks.
0	0	No response worthy of credit.

Section C: Essay/Evaluate (Generic response descriptor)		
Level	Marks	Level Descriptor
<p><b>Note:</b> Questions are always worded in the same way: ‘to what extent do you agree with this statement? Use examples of research you have studied to support your answer’. However, the words ‘research’ must be taken in the widest sense: (i) different examples can be used from the same piece of research; (ii) examples from different pieces of research; (iii) examples from methodology, such as a specific method or technique; (iv) examples from methodological issues such as ethics, generalisations, quantitative/qualitative data; psychological versus physiological, etc. (v) examples of debates and issues such as reductionism &amp; holism; individual &amp; situational, etc.</p>		
4	10–12	<ul style="list-style-type: none"> <li>• <b>Both sides</b> of the argument are considered and are relevant to the question.</li> <li>• <b>Appropriate examples</b> are included which fully support both sides.</li> <li>• Discussion is <b>detailed</b> with <b>good understanding</b> and clear expression.</li> <li>• A conclusion is drawn with appropriate justification.</li> </ul>
3	7–9	<ul style="list-style-type: none"> <li>• <b>Both sides</b> of the argument are considered and are relevant to the question. They may be <b>imbalanced</b> in terms of quality or quantity.</li> <li>• <b>Some examples</b> are included, are appropriate and often support both sides.</li> <li>• The answer shows good discussion with reasonable understanding.</li> <li>• A basic conclusion is drawn with little or no justification</li> </ul>
2	4–6	<ul style="list-style-type: none"> <li>• Reasons are limited to <b>one side</b> of the argument.</li> <li>• <b>Limited</b> reference to <b>examples</b>, or <b>lack of detail</b>.</li> <li>• The answer shows <b>some understanding</b>.</li> <li>• There is no conclusion.</li> </ul>
1	1–3	<ul style="list-style-type: none"> <li>• Anecdotal discussion, <b>brief detail</b>, minimal relevance. Very <b>limited range</b>.</li> <li>• Discussion may be <b>inaccurate</b> or incomplete.</li> <li>• May evaluate topic area studies, making only indirect reference to the question.</li> </ul>
0	0	<ul style="list-style-type: none"> <li>• No response worthy of credit.</li> </ul>

<b>Section B: Design a study question part (a) (Generic response descriptor)</b>		
Level	Marks	Level Descriptor
4	9–10	<ul style="list-style-type: none"> <li>The design is appropriate to the named investigation and is based on thorough psychological knowledge.</li> <li>The design is accurate, coherent and detailed, and it tests the proposed investigation competently.</li> <li>Four or five design features are included. The features are clearly applied to the design throughout the answer and the candidate clearly understands the main features involved in designing an investigation.</li> <li>The response has proposed an appropriate design, has applied a range of relevant methodological design features with competence and shown clear understanding.</li> </ul>
3	7–8	<ul style="list-style-type: none"> <li>The design is appropriate to the named investigation and is based on good psychological knowledge.</li> <li>The design is accurate, coherent and detailed, and it tests the proposed investigation competently.</li> <li>Two or three design features are included. The features are often applied to the design and the candidate shows good understanding in places.</li> <li>The response has proposed an appropriate design, has applied some relevant methodological design features and has shown good understanding.</li> </ul>
2	4–6	<ul style="list-style-type: none"> <li>The design is mostly appropriate to the named investigation and is based on psychological knowledge.</li> <li>The design is mostly accurate, coherent and detailed in places and it tests the proposed investigation.</li> <li>Design features are limited in their understanding.</li> </ul>
1	1–3	<ul style="list-style-type: none"> <li>The design may not be appropriate to the named investigation and use of terminology is sparse or absent. Basic psychological understanding is shown.</li> <li>The design lacks coherence and is limited in understanding.</li> <li>One or two appropriate design features are identified but incorrectly applied. The response lacks detail.</li> </ul>
0	0	<ul style="list-style-type: none"> <li>No response worthy of credit. The candidate describes the study listed on the syllabus.</li> </ul>

<b>Section B: Explain a study question part (b) (Generic response descriptor)</b>		
Level	Marks	Level Descriptor
3	6–8	<ul style="list-style-type: none"> <li>• Quality and depth of explanation is thorough.</li> <li>• Description of knowledge is accurate, coherent and detailed.</li> <li>• Use of terms is accurate and use of psychological terminology is comprehensive.</li> <li>• Understanding of methodology (such as elaboration, use of example, quality of description) is very good.</li> <li>• The design is effectively explained in relation to the topic area.</li> <li>• There is a balance of methodology and topic area/relevant study knowledge.</li> </ul>
2	4–5	<ul style="list-style-type: none"> <li>• Quality of explanation and depth of explanation is competent.</li> <li>• Description of knowledge is mainly accurate, coherent and reasonably detailed.</li> <li>• Use of terms is mainly accurate and use of psychological terminology is competent.</li> <li>• Understanding of methodology (such as elaboration, use of example, quality of description) is good.</li> <li>• The design is adequately explained in relation to the topic area.</li> <li>• There is an imbalance of methodology and topic area/relevant study knowledge.</li> <li>• <b>Max 5 marks if only methodological or psychological decisions.</b></li> </ul>
1	1–3	<ul style="list-style-type: none"> <li>• Quality of explanation and depth of explanation is basic.</li> <li>• Description of knowledge is often accurate, generally coherent, but lacks detail.</li> <li>• Use of terms is basic and use of psychological terminology is adequate.</li> <li>• Understanding of methodology (such as elaboration, use of example, quality of description) is limited.</li> <li>• The design is poorly explained in relation to the topic area.</li> <li>• There is an imbalance of methodology and topic area/relevant study knowledge.</li> </ul>
0	0	<ul style="list-style-type: none"> <li>• No response worthy of credit</li> </ul>

Question	Answer	Marks
<b>Section A: Stimulus question Psychology and abnormality</b>		
1	<b>Generalised anxiety is a disorder that can be caused by a wide range of situations or events, rather than one specific event. Whereas for phobias, it is possible to have a specific phobia, such as an animal phobia. Generalised anxiety can be measured using the GAD-7.</b>	
1(a)	<p><b>Outline <u>two</u> characteristics of generalised anxiety, other than it being caused by a wide range of situations or events, rather than one specific event.</b></p> <p><b>Most likely answer</b> (other appropriate responses to be credited):</p> <ul style="list-style-type: none"> <li>• excessive, uncontrollable and often irrational <b>worry</b>, which</li> <li>• <b>interferes with daily functioning</b></li> <li>• it is a <b>long-term condition</b></li> <li>• feeling anxious most days and struggling to remember the last time they felt relaxed; as soon as one anxious thought is resolved, another may appear about a different issue</li> <li>• <b>physical symptoms</b> of headaches, nausea, numbness in hands and feet, muscle tension, difficulty swallowing and/or breathing, trembling, twitching and sweating, increased heart rate (any two features needed for 1 mark)</li> <li>• <b>panic attacks</b></li> </ul> <p><b>Marks:</b> 1 mark for each correct characteristic (i.e. 1 mark for each correct bullet-point)</p>	<b>2</b>
1(b)	<p><b>Explain how the GAD-7 measures generalised anxiety disorder.</b></p> <p><b>Most likely answer</b> (other appropriate responses to be credited):</p> <ul style="list-style-type: none"> <li>• selecting from a 0–3 scale (none to nearly every day).</li> <li>• 7 problems/situations</li> <li>• example: worrying too much about different things (0, 1, 2, 3)</li> <li>• Max score 21.</li> <li>• 4 point scale (0–3)</li> <li>• Total score 0–5 mild anxiety, 6–10 moderate anxiety, 11–15 moderately severe anxiety and 15–21 severe anxiety.</li> <li>• Max score 21</li> </ul> <p><b>Marks:</b> 1 mark for each correct point.  <b>Note:</b> the other measure in this syllabus section is the BIPI for assessing the specific blood/injury phobia. Descriptions of BIPI score 0 marks.</p>	<b>4</b>



Question	Answer	Marks
1(c)	<p><b>Outline <u>two</u> case studies that investigated a child with an animal phobia.</b></p> <p><b>Most likely answers:</b></p> <ul style="list-style-type: none"> <li>• Little Albert (Watson, 1920) Albert was classically conditioned to be afraid of a white rat (and similar things). This was achieved using the ‘classical conditioning formula’.</li> <li>• Little Hans (Freud, 1909) who has a fear of horses (displacement from his father because Hans was in Oedipus complex).</li> </ul> <p><b>Marks:</b> 1 mark basic answer, 2 marks for elaboration and detail ×2  <b>Marks:</b> 0 marks for ‘Kimya’ who was 39 years old</p>	<b>4</b>
1(d)	<p><b>Discuss the strengths and weaknesses of using psychometric tests, such as the GAD-7, to measure generalised anxiety. You should include a conclusion in your answer.</b></p> <p><b>Most likely answer</b> (other appropriate responses to be credited):</p> <p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>• quantitative data produced by a psychometric test allows comparison between one person and another</li> <li>• subjectivity of a clinical interview is removed</li> <li>• person can complete the questionnaire/scale in their own time</li> </ul> <p><b>Weaknesses:</b></p> <ul style="list-style-type: none"> <li>• psychometric tests are subjective and a person may not answer truthfully in relation to their anxiety</li> <li>• there may be ‘social desirability’</li> <li>• person may not understand terminology used on a test</li> </ul> <p><b>Conclusion:</b> any appropriate conclusion drawn from the discussion that has been presented. 1 mark if appropriate. A conclusion is a ‘decision reached by reasoning’ and so a summary of points already made scores 0 marks.  <b>Marks:</b> Question requires <b>discussion</b>; always <b>plural</b> of each argument, and always requires conclusion.  1 mark for each advantage/disadvantage (however detailed) and related to the question up to 4 max. 2 marks max for two strengths/weaknesses unrelated to the question. 1 mark for conclusion.</p>	<b>5</b>

Question	Answer	Marks
2	<b>Eye-tracking is the technique of using scientific equipment to measure eye movements. Atalay et al. (2012) investigated the central gaze cascade effect using both laboratory and ‘offline’/real life contexts. They used eye tracking to study whether the shelf position of an item affected whether it was chosen by participants.</b>	
2(a)	<p><b>Explain what is meant by the term ‘central gaze cascade effect’ in this study.</b></p> <p><b>Most likely answer</b> (other appropriate responses to be credited): (from the study)</p> <p>gifts can be presented two ways;</p> <ul style="list-style-type: none"> <li>progressively increasing attention focused on the central option (1 mark) from the 3×3 matrix of vitamins or cereal bars looking at the central item (2 marks) or looking at the middle item of the three energy drinks (2 marks)</li> <li>central fixation bias is a tendency to look first at the central option / more likely to choose products in the centre (1 mark) example from study such as use of planogram (2 marks)</li> </ul> <p><b>Marks:</b> 1 mark for explanation; +1 mark for ‘in this study’.</p>	<b>2</b>
2(b)	<p><b>Suggest <u>two</u> strengths of using eye tracking to gather data in this study.</b></p> <p><b>Most likely answer</b> (other appropriate responses to be credited):</p> <ul style="list-style-type: none"> <li>the data recorded are objective: where the person looks is clear and unambiguous (1 mark) the product a person looks at, such as one of the energy drinks, is fact (2 marks)</li> <li>scientific equipment (eye-tracking) is reliable (1 mark) any example from the study (2 marks)</li> <li>scientific equipment (eye-tracking) is valid (1 mark) any example from the study (2 marks)</li> </ul> <p><b>Marks:</b> 1 mark for reason, +1 mark for related to this study ×2.</p>	<b>4</b>

Question	Answer	Marks
2(c)(i)	<p><b>Explain how Study 2 was conducted in an ‘offline’/real-life context.</b></p> <p><b>Most likely answer</b></p> <ul style="list-style-type: none"> <li>tangible products were used and positioned as they might in a retail context (1 mark) filler products from other categories were included on the same shelf (2 marks) OR identifying the three brands of drink (2 marks).</li> <li>items were presented in a horizontal shelf layout in an array of three alternatives (1 mark) The three brands of energy drinks (Cebion, Niran, and Viba) were fictitious (2 marks)</li> <li>participants were positioned in the middle of the display then to the left and right (1 mark) They were asked to carefully review and choose one of the three energy drinks (2 marks)</li> <li>participants look at items on a shelf (1 mark) rather than items in a visual display (2 marks)</li> </ul> <p><b>Marks:</b> 1 mark partial answer, 2 marks detailed answer/elaboration or use of example x2.</p> <p><b>Marks:</b> 0 marks for ‘conducted in a supermarket’; it was not.</p>	2
2(c)(ii)	<p><b>Explain <u>one</u> finding from study 2.</b></p> <p><b>Most likely answer</b></p> <ul style="list-style-type: none"> <li>the centrally located item within a product category is chosen more often (1 mark) irrespective of what energy drink it is (2 marks) OR even when it is not placed in the centre of the shelf or the visual field (2 marks)</li> <li>replicating the findings with tangible products using a different product category in an offline experiment speaks to the robustness of the horizontal centrality effect and suggests that the preference for the centrally located option in an array is not an artifact of screen-based presentation.</li> </ul> <p><b>Marks:</b> 1 mark partial answer, 2 marks detailed answer/elaboration.</p>	2

Question	Answer	Marks
2(d)	<p><b>Discuss the strengths and weaknesses of using laboratory experiments to gather data on consumer product choice. You should include a conclusion in your answer.</b></p> <p><b>Most likely answer</b> (other appropriate responses to be credited, such as eye movement patterns):</p> <p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>• a laboratory experiment has an IV, DV and controls; cause and effect</li> <li>• IV can be studied precisely using scientific equipment so accurate information is gathered</li> <li>• the DV can be operationalised to give precise data</li> <li>• extraneous situational variables can be controlled</li> </ul> <p><b>Weaknesses:</b></p> <ul style="list-style-type: none"> <li>• participants may respond to demand characteristics</li> <li>• a participant might feel uncomfortable with the equipment</li> <li>• most consumer behaviour takes place in the real world and so studies should be conducted in the real world (rather than in a laboratory)</li> </ul> <p><b>Conclusion:</b> any appropriate conclusion drawn from the discussion that has been presented. 1 mark if appropriate. A conclusion is a 'decision reached by reasoning' and so a summary of points already made scores 0 marks.</p> <p><b>Marks:</b> Question requires <b>discussion</b>; always <b>plural</b> of each argument, and always requires conclusion.</p> <p>1 mark for each advantage/disadvantage (however detailed) and related to the question up to 4 max. 2 marks max for two strengths/weaknesses unrelated to the question. 1 mark for conclusion.</p>	<b>5</b>

Question	Answer	Marks
3	<p><b>It is possible that doctors use medical terminology that patients do not understand. McKinlay (1975) conducted a study into the words which the doctors used in a maternity hospital. Thirteen words that could be misunderstood were used in the study. Patients, categorised as ‘utiliser’ and ‘under-utiliser’, were interviewed and their qualitative answers were recorded.</b></p>	
3(a)	<p><b>Explain how the participants’ knowledge of these thirteen words was assessed in the interview.</b></p> <p><b>Most likely answer:</b></p> <ul style="list-style-type: none"> <li>• interviews were conducted in the home of the participant; interviews were face-to-face</li> <li>• each word was first sounded out and then used in the context of a sentence</li> <li>• answers were recorded verbatim on a standard form</li> <li>• ‘I would like to read you some words, some of them you may have come across before. I'd like you to tell me what you think each of them means. If you're not sure, just say what you think it might mean. This is not a test. We are trying to find out if doctors use words that patients can't understand, so it's really a test of them’.</li> </ul> <p><b>Marks:</b> 1 mark each point (max 2)</p>	<b>2</b>
3(b)	<p><b>Outline <u>two</u> findings from this study.</b></p> <p><b>Most likely answer</b> (other appropriate responses to be credited):</p> <ul style="list-style-type: none"> <li>• there was a consistently higher level of word comprehension among the utilisers, (1 mark) as rated blind and independently by two physicians (2 marks)</li> <li>• for the utilisers only, multiparous women appeared to have a slightly higher level of comprehension (1 mark) than the primiparae (2 marks)</li> <li>• the physicians included in the study consistently and markedly underestimated the level of word comprehension (1 mark) among the lower working-class respondents (2 marks)</li> <li>• the utiliser group scored a higher percentage for ‘adequate understanding’ (1 mark) than the under-utiliser group (2 marks)</li> <li>• people using medical services regularly have a better understanding of medical terminology (1 mark) than people who do not (2 marks)</li> <li>• the doctors consistently underestimated the level of medical terminology comprehension in their patients (1 mark) example of one or more words, such as umbilical (2 marks)</li> </ul> <p><b>Marks:</b> 1 mark for basic statement, +1 mark for related to this study ×2</p>	<b>4</b>

Question	Answer	Marks
3(c)(i)	<p><b>Explain <u>one</u> strength of gathering qualitative data in this study.</b></p> <p><b>Most likely answer</b> (other appropriate responses to be credited):</p> <ul style="list-style-type: none"> <li>qualitative data is 'words' and this is what the study is about (1 mark) words such as umbilical, etc (2 marks)</li> <li>a person can explain what they understand in more detail (1 mark) such as what they understand by the word umbilical, etc (2 marks)</li> </ul> <p><b>Marks:</b> 1 mark for explanation, +1 mark for related to this study.</p>	2
3(c)(ii)	<p><b>Suggest how the reliability of the data in this study could be assessed.</b></p> <p><b>Most likely answer</b> (other appropriate responses to be credited):</p> <ul style="list-style-type: none"> <li>the use of a number of different judges can independently assess the responses of the participants (1 mark); so the description of what is meant by each participant about 'umbilical' can be judged as correct, adequate or incorrect (2 marks)</li> </ul> <p><b>Marks:</b> 1 mark for suggestion, +1 mark for related to this study. <b>Note:</b> 0 marks for replicating the study or test-retest. Question is about reliability of words collected.</p>	2
3(d)	<p><b>Discuss the strengths and weaknesses of using face-to-face interviews to gather data about patient medical knowledge. You should include a conclusion in your answer.</b></p> <p><b>Most likely answer</b> (other appropriate responses to be credited):</p> <p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>using a face-to-face interview may make participants feel more comfortable</li> <li>people may feel the 'doctor-centred' approach is more personal than any other method</li> <li>using a structured interview means that the same questions can be asked of all participants</li> </ul> <p><b>Weaknesses:</b></p> <ul style="list-style-type: none"> <li>using a face-to-face interview may make participants feel less comfortable</li> <li>people may give brief answers because they don't want to show their ignorance</li> <li>using an interview may take too much time</li> </ul> <p><b>Conclusion:</b> any appropriate conclusion drawn from the discussion that has been presented. 1 mark if appropriate. A conclusion is a 'decision reached by reasoning' and so a summary of points already made scores 0 marks. <b>Marks:</b> Question requires <b>discussion</b>; always <b>plural</b> of each argument, and always requires conclusion. 1 mark for each advantage/disadvantage (however detailed) and related to the question up to 4 max. 2 marks max for two strengths/weaknesses unrelated to the question. 1 mark for conclusion.</p>	5

Question	Answer	Marks												
4	<b>Sabotage quotes from workers:</b> <b>Ron: ‘When I worked in a car factory, I would put a banana in a door panel. The new car would smell for weeks’.</b> <b>John: ‘When at work, I would force a wire basket into the machinery. It gave us a 20 minute break while it was fixed’.</b>													
4(a)	<b>Identify <u>two</u> reasons for sabotage as identified by Giacalone and Rosenfeld.</b>  Definitive answers: <table border="1"> <tr> <td>self defence</td><td>protect oneself from boss/company</td><td>to protect one’s job</td></tr> <tr> <td>revenge</td><td>the foreman/company deserved it</td><td>release of frustrations</td></tr> <tr> <td>an eye for an eye</td><td>the foreman/company hurt me previously</td><td></td></tr> <tr> <td>just for fun/ laughs</td><td>no one was hurt by the action</td><td></td></tr> </table> <b>Marks:</b> 1 mark for correct identification ×2	self defence	protect oneself from boss/company	to protect one’s job	revenge	the foreman/company deserved it	release of frustrations	an eye for an eye	the foreman/company hurt me previously		just for fun/ laughs	no one was hurt by the action		2
self defence	protect oneself from boss/company	to protect one’s job												
revenge	the foreman/company deserved it	release of frustrations												
an eye for an eye	the foreman/company hurt me previously													
just for fun/ laughs	no one was hurt by the action													
4(b)	<b>Suggest <u>two</u> reasons why the findings of this study <u>cannot</u> be generalised.</b>  <b>Most likely answer</b> (other appropriate responses to be credited): <ul style="list-style-type: none"> <li>relatively small sample size (for a factory) (1 mark) there were only 38 workers (2 marks)</li> <li>they were all from one factory/type of organisation (1 mark) an electrical factory (2 marks)</li> <li>located in one country (1 mark) the factory was in north eastern United States (2 marks)</li> </ul> <b>Marks:</b> 1 mark basic answer, +1 mark for related to this study ×2 Credit any comparison.	4												

Question	Answer	Marks
4(c)	<p><b>Suggest <u>two</u> ways in which sabotage could be investigated, other than by questionnaire.</b></p> <p><b>Most likely answer</b> (other appropriate responses to be credited):</p> <ul style="list-style-type: none"> <li>by <b>interviewing</b> the workers (0 marks), using a semi-structured interview for example (1 mark) workers would be allowed to expand on any of their sabotage experiences (2 marks)</li> <li>by <b>observing</b> workers (0 marks) using participant or non-participant observation (1 mark) where actual sabotage behaviours could be observed (2 marks)</li> <li>any other appropriate method receives credit.</li> </ul> <p><b>Marks:</b> 1 mark method identified and elaborated (see above indicative content) 2 marks related to sabotage. 1 mark method identified plus example.</p>	<b>4</b>
4(d)	<p><b>Discuss the strengths and weaknesses of using closed questions to gather data from workers about sabotage in their organisation. You should include a conclusion in your answer.</b></p> <p><b>Most likely answer</b> (other appropriate responses to be credited):</p> <p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>closed questions provide quantitative data so statistics can be applied to compare different forms of sabotage</li> <li>closed questions mean that answers are fixed</li> <li>closed questions using a 7-point scale provides a range of possible answers</li> </ul> <p><b>Weaknesses:</b></p> <ul style="list-style-type: none"> <li>workers can give false answers</li> <li>when using a 7-point scale workers can opt for the neutral/mid-point</li> <li>workers willing to 'talk' cannot do so with a fixed choice / closed questions</li> </ul> <p><b>Conclusion:</b> any appropriate conclusion drawn from the discussion that has been presented. 1 mark if appropriate. A conclusion is a 'decision reached by reasoning' and so a summary of points already made scores 0 marks.</p> <p><b>Marks:</b> Question requires <b>discussion</b>; always <b>plural</b> of each argument, and always requires conclusion. 1 mark for each advantage/disadvantage (however detailed) and related to the question up to 4 max. 2 marks max for two strengths/weaknesses unrelated to the question. 1 mark for conclusion.</p>	<b>5</b>



Question	Answer	Marks
<b>Section B</b>		
5(a)	<p><b>Design a study using a questionnaire to investigate the frequency of characteristics of addiction in a group of individuals diagnosed with a gambling disorder.</b></p> <p><b>Marks:</b> use generic levels of response Design a study question part (a).</p> <p><b>Additional:</b> Candidates should design the study showing evidence of design features appropriate to the named method. The named method is: <b>questionnaire.</b></p> <p><b>Specific features:</b> Questionnaires/Interviews: type, setting, example questions. Scoring/rating scale, analysis of responses.</p> <p><b>General features</b> of research methodology: sampling technique and sample, type of data, ethics, reliability, validity, data analysis.</p>	<b>10</b>

Question	Answer	Marks
5(b)	<p><b>Explain the psychological and methodological evidence on which your study is based.</b></p> <p><b>Marks:</b> use generic levels of response 'Design a study' question part (b). Note If <b>only</b> methodological or psychological explanation is provided max 5 marks Candidates are expected to explain the reasons for the suggested design in part (a). Explanation should be both psychological and methodological. Psychological to include appropriate theory or research.</p> <p><b>Additional:</b> candidates are expected to justify their decisions or evidence presented regarding the design made in answer to question part (a).</p> <p><b>Syllabus:</b> characteristics of ICDs and non-substance addictive disorder: definitions (Griffiths, 2005)</p> <p><b>Psychological:</b> <i>Griffiths outlines six characteristics of addiction.</i></p> <ul style="list-style-type: none"> <li>• salience when the particular activity becomes the most important activity in the person's life and dominates their thinking (preoccupations and cognitive distortions), feelings (cravings) and behaviour (deterioration of socialised behaviour)</li> <li>• mood modification/euphoria the subjective experience that people report as a consequence of engaging in the particular activity (i.e. an arousing 'buzz' or a 'high')</li> <li>• tolerance the process whereby increasing amounts of the particular activity are required to achieve the former effects</li> <li>• withdrawal symptoms the unpleasant feeling states and/or physical effects which occur when the particular activity is discontinued or suddenly reduced</li> <li>• conflict conflicts between the addict and those around them (interpersonal conflict) or from within the individual themselves (intrapsychic conflict)</li> <li>• relapse the tendency for repeated reversions to earlier patterns of the particular activity to recur</li> </ul> <p><b>Methodological:</b> explanation of method using general and specific features as above.</p>	8

Question	Answer	Marks
6(a)	<p><b>Menu ‘eye magnets’ include the font size and font colour of the menu items.</b></p> <p><b>Design an experiment to investigate which eye magnet leads to the <u>most</u> increased orders.</b></p> <p><b>Marks:</b> use generic levels of response Design a study question part (a).</p> <p>Additional: Candidates should design the study showing evidence of design features appropriate to the named method. The named method is: <b>experiment.</b></p> <p><b>Specific features:</b> Experiments: type, IV, DV, controls, experimental design.</p> <p><b>General features</b> of research methodology: sampling technique &amp; sample, type of data, ethics, reliability, validity, data analysis.</p>	10
6(b)	<p><b>Explain the psychological and methodological evidence on which your experiment is based.</b></p> <p><b>Marks:</b> use generic levels of response ‘Design a study’ question part (b). Note If <b>only</b> methodological or psychological explanation is provided max 5 marks</p> <p>Candidates are expected to explain the reasons for the suggested design in part (a). Explanation should be both psychological and methodological. Psychological to include appropriate theory or research.</p> <p><b>Additional:</b> candidates are expected to justify their decisions or evidence presented regarding the design made in answer to question part (a).</p> <p><b>Syllabus:</b> eye movement patterns, framing and common menu mistakes (Pavesic, 2005)</p> <p><b>Psychological:</b> Pavesic (2005) outlines a number of common menu mistakes which make a menu hard to read such as poor font size, paper colour and font style; crowded pages with too many items; printing on dark paper with dark ink. However, these factors can also be turned around and used as ‘eye magnets’ to attract attention. Which magnets (such as colour and size of font) are best? Any other magnet is also creditworthy. A magnet is anything on a menu that attracts attention.</p> <p><b>Methodological:</b> explanation of method using general and specific features as above.</p>	8

Question	Answer	Marks
7(a)	<p><b>Lau et al. (1990) studied beliefs about health change in adolescents using questionnaires.</b></p> <p><b>Design a longitudinal study using an interview to investigate beliefs about health change in adults.</b></p> <p><b>Marks:</b> use generic levels of response Design a study question part (a).</p> <p>Additional: Candidates should design the study showing evidence of design features appropriate to the named method. The named method is: <b>interview</b>.</p> <p><b>Specific features:</b> Questionnaires/Interviews: type, setting, example questions. Scoring/rating scale, analysis of responses.</p> <p>Note the design must be longitudinal.</p> <p><b>General features</b> of research methodology: sampling technique &amp; sample, type of data, ethics, reliability, validity, data analysis.</p>	10
7(b)	<p><b>Explain the psychological and methodological evidence on which your study is based.</b></p> <p><b>Marks:</b> use generic levels of response 'Design a study' question part (b). Note: If <b>only</b> methodological or psychological explanation is provided max 5 marks</p> <p>Candidates are expected to explain the reasons for the suggested design in part (a). Explanation should be both psychological and methodological. Psychological to include appropriate theory or research.</p> <p><b>Additional:</b> candidates are expected to justify their decisions or evidence presented regarding the design made in answer to question part (a).</p> <p><b>Syllabus:</b> health change in adolescents (Lau, 1990)</p> <p><b>Psychological:</b> Lau et al. studied three health models that applied to adolescents: <b>Lifelong openness model:</b> people are always open influence from others throughout life. <b>Windows of vulnerability model:</b> parental influence persists unless the child is exposed to other social models (e.g. other students) <b>Enduring family socialisation model:</b> where health beliefs learned from the family during childhood remain fairly stable throughout life.</p> <p><b>Methodological:</b> explanation of method using general and specific features as above.</p>	8

Question	Answer	Marks
8(a)	<p><b>Design a study using a questionnaire to investigate which ‘hygiene’ and ‘motivator’ factors (Herzberg, 1959) are <u>most</u> likely to cause job satisfaction/job dissatisfaction.</b></p> <p><b>Marks:</b> use generic levels of response Design a study question part (a). Additional: Candidates should design the study showing evidence of design features appropriate to the named method. The named method is: <b>questionnaire.</b></p> <p><b>Specific features:</b> Questionnaires/Interviews: type, setting, example questions. Scoring/rating scale, analysis of responses.</p> <p><b>General features</b> of research methodology: sampling technique &amp; sample, type of data, ethics, reliability, validity, data analysis.</p>	10
8(b)	<p><b>Explain the psychological and methodological evidence on which your study is based.</b></p> <p><b>Marks:</b> use generic levels of response ‘Design a study’ question part (b). Note: If <b>only</b> methodological or psychological explanation is provided max 5 marks Candidates are expected to explain the reasons for the suggested design in part (a). Explanation should be both psychological and methodological. Psychological to include appropriate theory or research.</p> <p><b>Additional:</b> candidates are expected to justify their decisions or evidence presented regarding the design made in answer to question part (a).</p> <p><b>Syllabus:</b> theories of job satisfaction: two factor theory (Herzberg, 1959)</p> <p><b>Psychological:</b> Herzberg proposed a two-factor theory (1959) that the factors causing job satisfaction and factors causing job dissatisfaction are separate. <b>Hygiene factors (dissatisfiers)</b> Include: company policy, supervision, work conditions, salary, relationships with peers and job security. <b>Motivational factors (satisfiers)</b> Include: achievement, recognition, responsibility, advancement and growth, meaningfulness of work. Any of these factors could be used in the design, plus any other appropriate factor.</p> <p><b>Methodological:</b> explanation of method using general and specific features as above.</p>	8

Question	Answer	Marks
<b>Section C</b>		
9	<p><b><i>‘A case study of a person with an impulse control disorder, such as kleptomania, will reveal more about the characteristics of the disorder than any other method.’</i></b></p> <p><b>To what extent do you agree with this statement? Use examples of research you have studied to support your answer.</b></p> <p><b>Marks:</b> use generic levels of response in table C</p> <p><b>Syllabus:</b> characteristics of ICDs and non-substance addictive disorder</p> <p><b>Most likely</b> (any other appropriate responses should be credited):</p> <p><b>Agree (support):</b></p> <ul style="list-style-type: none"> <li>• a case study gives in-depth detail showing the specifics of the ICDs allowing more about the disorder to be learned</li> <li>• there is no reason why the details of one person should not apply to others</li> <li>• the general principles of any ICD therapy can be applied to other people</li> </ul> <p><b>Disagree:</b></p> <ul style="list-style-type: none"> <li>• the K-SAS is a psychometric measure so the extent of kleptomania can be compared in different people. Can be other points about K-SAS</li> <li>• there are always individual differences and what may be true for one person may not be true for another</li> <li>• a nomothetic approach is more useful than an idiographic; every person is a unique individual.</li> <li>• treatments cannot be tailored to each individual. The use of drugs as a treatment is applied to everyone.</li> <li>• a case study may not generalise to other people with gambling problems or other types of impulse-control problems</li> </ul>	12

Question	Answer	Marks
10	<p><b><i>'If space between restaurant tables is too small it will always cause overload, arousal and behaviour constraint in customers.'</i></b></p> <p><b>To what extent do you agree with this statement? Use examples of research you have studied to support your answer.</b></p> <p><b>Marks:</b> use generic levels of response in table C.</p> <p><b>Syllabus:</b> space at restaurant tables (Robson et al., 2011); theories of personal space: overload, arousal and behaviour constraint</p> <p><b>Most likely</b> (any other appropriate responses should be credited):</p> <p><b>Agree</b></p> <ul style="list-style-type: none"> <li>being too close can invade <b>intimate personal space</b> boundaries (Edward Hall)</li> <li>being too close could cause <b>stimulus overload</b> which could lead to <b>escape behaviour</b> such as leaving the restaurant or just feeling uncomfortable</li> <li>being too close can cause behaviour constraint – changing behaviour to adapt – such as not staying to have a coffee after a meal.</li> </ul> <p><b>Disagree</b></p> <ul style="list-style-type: none"> <li>some people prefer close tables to make the setting more intimate</li> <li>some people are in close relationships and prefer closeness; some sit next to each other to increase intimacy.</li> <li>whilst close table space may cause overload and arousal, it can be tolerated; other factors (delicious food) outweigh potential discomfort</li> </ul>	12

Question	Answer	Marks
11	<p><b><i>‘Disclosure of information to a computer will one day remove the need for diagnosis by a doctor.’</i></b></p> <p><b>To what extent do you agree with this statement? Use examples of research you have studied to support your answer.</b></p> <p><b>Marks:</b> use generic levels of response in table C.</p> <p><b>Syllabus:</b> patient and practitioner diagnosis &amp; style: disclosure of information (Robinson and West, 1992).</p> <p><b>Most likely</b> (any other appropriate responses should be credited):</p> <p><b>Agree (computer good):</b></p> <ul style="list-style-type: none"> <li>• a computer may be good at diagnosing simple or common illnesses</li> <li>• people may prefer to give symptoms to a computer because the computer will not judge them</li> <li>• people may prefer a computer for embarrassing problems/illnesses</li> <li>• Using a computer is simple, quick and does not take the time of a busy practitioner.</li> </ul> <p><b>Disagree (doctor better):</b></p> <ul style="list-style-type: none"> <li>• doctors may have experience to deal with ambiguous symptoms / rare illnesses</li> <li>• people may prefer to give symptoms to a computer but they would wish a practitioner to make the diagnosis</li> <li>• people may prefer to give symptoms to a computer but they may not trust the treatment programme prescribed by a computer</li> </ul>	12



Question	Answer	Marks
12	<p><b><i>‘Scouller’s levels of leadership theory is reductionist, as are all leadership theories.’</i></b></p> <p><b>To what extent do you agree with this statement? Use examples of research you have studied to support your answer.</b></p> <p><b>Marks:</b> use generic levels of response in table C.</p> <p><b>Syllabus:</b> three levels of leadership (Scouller, 2011); adaptive leadership (Heifetz, 1997); universalist and behavioural theories</p> <p><b>Most likely</b> (any other appropriate responses should be credited):</p> <p><b>All reductionist:</b></p> <ul style="list-style-type: none"> <li>• Scouller: The model breaks leadership down into outer levels and again into public, private and personal levels</li> <li>• behavioural explanations break down into task-oriented behaviours and relationship-oriented behaviour</li> <li>• behavioural explanations break down into initiating structure and consideration</li> </ul> <p><b>Are not:</b></p> <ul style="list-style-type: none"> <li>• Heifetz (1997) ‘gets on the balcony’, stepping back to look at the whole picture rather than individual components.</li> <li>• breaking down into components is just for studying leadership. In reality leadership is holistic.</li> <li>• early leadership theories such as the ‘great man’ and ‘great woman’ universalist theory and the charismatic (transformational leader) were holist with one crucial feature being key.</li> </ul>	12