CAMBRIDGE
International Education

Cambridge International AS & A Level

PSYCHOLOGY **9990/32**

Paper 3 Specialist Options: Approaches, Issues and Debates **February/March 2026**

MARK SCHEME

Maximum Mark: 60

Published

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

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

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

Cambridge International is publishing the mark schemes for the February/March 2026 series for most Cambridge IGCSE, Cambridge International A and AS Level components, and some Cambridge O Level components.

This document consists of **63** printed pages.

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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.

GENERIC MARKING PRINCIPLE 5: Marks should be awarded using the full range of marks defined in the mark scheme for the question (however; the use of the full mark range may be limited according to the quality of the candidate responses seen).
GENERIC MARKING PRINCIPLE 6: Marks awarded are based solely on the requirements as defined in the mark scheme. Marks should not be awarded with grade thresholds or grade descriptors in mind.

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

1 Components using point-based marking:

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

From this it follows that we:

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

2 Presentation of mark scheme:

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

3 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.

Annotations guidance for centres

Examiners use a system of annotations as a shorthand for communicating their marking decisions to one another. Examiners are trained during the standardisation process on how and when to use annotations. The purpose of annotations is to inform the standardisation and monitoring processes and guide the supervising examiners when they are checking the work of examiners within their team. The meaning of annotations and how they are used is specific to each component and is understood by all examiners who mark the component.

We publish annotations in our mark schemes to help centres understand the annotations they may see on copies of scripts. Note that there may not be a direct correlation between the number of annotations on a script and the mark awarded. Similarly, the use of an annotation may not be an indication of the quality of the response.

The annotations listed below were available to examiners marking this component in this series.

Annotations

Annotation	Meaning
	Correct point
	Incorrect point
BOD	Benefit of doubt
CONT	Context
IRRL	Irrelevant
AN	Analysis
REP	Repetition
	Unclear
L1 L2 L3	Level 1 Level 2 Level 3

Annotation	Meaning
L4 L5	Level 4 Level 5
NAQ	Not answering question
SEEN	Seen
	Strong
	Weak

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.) • Description is accurate and detailed. • The use of psychological terminology is accurate and appropriate. • Demonstrates excellent understanding of the material.	5–6
2	• Partially addresses the requirements of the question. May cover one theory/concept only. • Description is sometimes accurate but lacks detail. • The use of psychological terminology is adequate. • Demonstrates good understanding.	3–4
1	• Attempts to address the question. • Description is largely inaccurate and/or lacks detail. • The use of psychological terminology is limited. • Demonstrates limited understanding of the material.	1–2
0	No creditable response.	0

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 the left-hand side with L1, L2, L3, L4, L5 , AN for analysis, CONT for specific detail. ALSO add the 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. • Analysis is evident throughout. • A good range of issues including the named issue. • 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. • Analysis is often evident. • A range of issues including the named issue. • 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. • Analysis is limited. • A limited range of issues including the named issue. • 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. • Little analysis. • Limited number of issues which may not include the named issue. • 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. • Little or no analysis of issues. • Selection of evidence is limited.	1–2
0	No creditable response.	0

Section A: Clinical Psychology

Question	Answer	Marks	Guidance
1	**Muhammad has been diagnosed with agoraphobia. He is afraid of having a panic attack if he goes shopping, so he avoids leaving the house. His doctor refers him for cognitive-behavioural therapy (CBT).** **Suggest how cognitive-behavioural therapy (CBT) could treat Muhammad's agoraphobia.** *Annotate with ticks to show where marks awarded* **1 mark for outline/reference to each of the following:** • Initial session – therapeutic alliance/trusting relationship built with therapist. • Psychoeducation **with brief definition** (educating Muhammad about agoraphobia and the link between thoughts, feelings and behaviour). • Homework such as keeping a thought diary to monitor anxious thoughts/avoidance OR homework to practice replacing irrational thoughts with rational. • Challenging irrational thoughts through Socratic questioning – asking open questions to encourage critical thinking OR collaborative approach to test beliefs OR helps the patient to understand the process of challenging thoughts so that they can apply it to other areas of their life. • Example of challenging an irrational thought (e.g. 'I will panic and won't escape the shop' is questioned with – I have always been able to leave a shop). • Replacing irrational thoughts with rational/balanced thoughts that reduce panic. • Relaxation techniques to cope with anxiety brought on by irrational thinking/being outside/in crowded/open spaces. • Learning that feared consequences are unlikely/not occurring will lead to reduction in phobic response. Example: Muhammad and therapist discuss Muhammad's experience of agoraphobia and build a therapeutic alliance. (1)		Context = agoraphobia/ Muhammad's symptoms, behaviour. Must include: Challenge irrational thoughts, replace with rational thoughts which do not cause panic and contextualised for full marks. Can refer to systematic desensitisation as part of the response but max 2 marks if no reference is made to CBT. 1 mark – challenging irrational thoughts around phobia/panic attack etc. 1 mark for example of this. Needs to state 'psychoeducation' plus brief definition for 1 (do not credit if just identified or outlined – must do both)

Question	Answer	Marks	Guidance
1	Therapist use psychoeducation and explains the connection between thoughts, feelings and behaviour. (1) Muhammad could keep a diary of his experiences of agoraphobia as homework. He can note down his behaviour (e.g. avoidance/fear) and then explore his thoughts and feelings. (1) They will review the thought/behaviour diary in their next session and therapist can challenge Muhammad's irrational thoughts around leaving the house e.g. crowded places and open spaces. (1) For example, Muhammad may say that if he is in a crowded area he won't be able to get out of the area. He believes he will then have a panic attack or faint. (1) The therapist can ask him if he has ever not been able to leave a crowded area – no, because Muhammed is with the therapist and not stuck in a crowded area. (1) He will then practice challenging these types of thoughts anytime he experiences his phobia and writes down alternative thoughts when he can. (1) Eventually Muhammed's negative thoughts will reduce dramatically or even disappear and so he won't have a phobic response to leaving the house/open spaces/crowds. (1) Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
2	**One debate in psychology is the nature versus nurture debate.**		
2(a)	**Outline the nature versus nurture debate.** 1 mark for definition of nature 1 mark for definition of nurture *Annotate with ticks to show where marks awarded.* Example: The extent to which human behaviour is a result of our innate traits or our environment. (2) OR Nature is where behaviour is caused by inborn/genetic traits. (1) Nurture is where behaviour is caused by the environment / is learned. (1) Other appropriate responses should also be credited.	**2**	

Question	Answer	Marks	Guidance
2 (b)	**Explain <u>one</u> weakness of the nature side of this debate, including an example from the genetic explanation of fear-related disorders.** 1 mark for one weakness of nature side of debate. 1 mark for an example of this weakness from genetic explanation of fear-related disorders. *Annotate with ticks to show where marks awarded.* Weaknesses might include: • Lacks application to everyday life: This theory suggests that we are born ready to fear certain objects/animals/situations and we are unable to prevent it from occurring. It also suggests there is nothing we can do to overcome a phobia. • Deterministic: according to the genetic theory, acquiring a fear is determined by genetic factors and not free will. Therefore, we do not have control over getting a phobia. • Reductionist – this explanation is reductionist as it explains why we get a fear-related disorder is just due to genetics and ignores other possible causes such as psychological including behaviourism. Example: One weakness of the genetic explanation of fear-related disorders from the nature side of the debate is that it is reductionist as it does not consider the effect of nurturing. (1) It suggests that a fear-related disorder/phobia occurs due purely to genetics. This doesn't explain why some people have unusual phobias such as fear of stuffed animals, peanut butter, etc. (1) Other appropriate responses should also be credited.	**2**	No marks for identification (e.g. it is deterministic). Needs to be some explanation as shown in example response.

Question	Answer	Marks	Guidance
3	**Kiara thinks she may have obsessive-compulsive disorder (OCD). She makes an appointment with her doctor for a diagnosis.**		
3(a)	**Explain how Kiara's doctor will decide whether Kiara has OCD.** Award 3–4 marks for a detailed answer with clear understanding of how Kiara's doctor will decide whether Kiara has OCD. Award 1–2 marks for a basic answer with some understanding of how Kiara's doctor will decide whether Kiara has OCD. *Annotate with ticks to show where marks awarded* **Likely content –** ICD 11 diagnostic criteria: Persistent obsessions (unwanted, intrusive thoughts) and/or compulsions (repetitive behaviour that reduce obsessions/anxiety) Obsessions/compulsions are time consuming (more than 1 hour/day) and negatively impact ability to function normally. Patient will be assessed during an appointment/clinical interview with doctor Maudsley obsessive compulsive inventory (MOCI) 30 items, 5 mins to complete, true/false Checks for checking, slowness, washing, and doubting. Score 0–30 and high score (over 18 = diagnosis of OCD) Yale-Brown Obsessive Compulsive Scale (Y-BOCS) Semi structured interview – 30 mins to complete Plus checklist of obsessions/compulsions (ten item severity scale) Scored 0–40. Scores above 16 – OCD	**4**	Candidate may explain one idea in detail or a number of ideas. Both can receive full marks. If only referring to diagnostic criteria must state that ICD-11 is being used by the doctor for full marks. Max 1 mark for identification of measure(s).

Question	Answer	Marks	Guidance
3(a)	Example: The doctor can use the ICD 11 to diagnose Kiara and ask her about her obsessions and compulsions. These need to be persistent as well as time consuming (at least 1 hour per day) for her to receive a diagnosis of OCD. (2) The doctor could also give her the Y-BOCs which is a semi structured interview plus a checklist of obsessions/compulsions that the patient rates. A score above 16 indicates OCD. (2) Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
3(b)	**Explain <u>one</u> reason why the diagnosis may <u>not</u> be correct.** 1 mark – Identification/outline of error 1 mark – why this could happen (e.g. bias of the dr. – thinking women are likely to have OCD = type 2 error). *Annotate with ticks to show where marks awarded* One reason from: • There are different types of OCD and tests such as MOCI do not screen for all types (such as relationship) • Patient may not be fully aware of their thoughts and behaviours unless a detailed diary had been kept • Possibility as self-report of under- or over-estimating experiences due to potential social desirability and/or patient might feel embarrassed about their symptoms and not tell the doctor the truth. • Type 1/Type 2 error (false positive/negative) by doctor. E.g. type 1 error – doctor diagnoses Kiara with OCD when she does not have it. OR type 2 error – doctor diagnoses Kiara as not having OCD when in fact she does have it Example: One reason the diagnosis may not be accurate could be that Kiara feels embarrassed about her compulsive behaviour and so doesn't admit to how much time she is spending doing them. (1) Therefore, the doctor may not diagnose OCD as she has underestimated her symptoms. (1) Other appropriate responses should also be credited.	**2**	Can get full credit if type one/two are mislabelled but fully explained. 1 mark – what the error is 1 mark – why this could happen (e.g. bias of the dr. – thinking women are likely to have OCD = type 2 error).

<table>
<tr><th>Question</th><th>Answer</th><th>Marks</th><th>Guidance</th></tr>
<tr><td>4(a)</td><td>
Describe the following:
• the diagnostic criteria (ICD-11) of depressive disorder (unipolar) and bipolar disorders
• the Beck depression inventory.

Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question.

Add the levels to get the mark awarded e.g.
NAQ and L2 = 2 marks,
L1 and L2 = 3 marks,
L1 and L3 = 4 marks,
L3 and L3 = 6 marks

Annotation – one Level at the end of the response as follows:
1 or 2 marks = L1
3 or 4 marks = L2
5 or 6 marks = L3

<table>
<tr><th>Level</th><th>Description</th><th>Marks</th></tr>
<tr><td>3</td><td>• Clearly addresses the requirements of the question. (Must cover both theories/concepts, if two are required.)
• Description is accurate and detailed.
• The use of psychological terminology is accurate and appropriate.
• Demonstrates excellent understanding of the material.</td><td>5–6</td></tr>
<tr><td>2</td><td>• Partially addresses the requirements of the question. May cover one theory/concept only for maximum of 3 marks.
• Description is sometimes accurate but lacks detail.
• The use of psychological terminology is adequate.
• Demonstrates good understanding.</td><td>3–4</td></tr>
<tr><td>1</td><td>• Attempts to address the question.
• Description is largely inaccurate and/or lacks detail.
• The use of psychological terminology is limited.
• Demonstrates limited understanding of the material.</td><td>1–2</td></tr>
<tr><td>0</td><td>No creditable response.</td><td>0</td></tr>
</table>
</td><td>6</td><td>For diagnostic criteria needs to outline what is meant by mania for L3. For BDI – needs to give an example of a statement plus two other features for L3</td></tr>
</table>

Question	Answer	Marks	Guidance
4(a)	**Diagnostic criteria (ICD-11) of depressive disorder (unipolar) and bipolar disorders** **ICD 11** **Depressive** disorders are characterised by depressive mood (e.g., sad, irritable, empty) or loss of pleasure accompanied by other cognitive, behavioural, or neurovegetative symptoms that significantly affect the individual's ability to function. A depressive disorder should not be diagnosed in individuals who have ever experienced a manic, mixed or hypomanic episode, which would indicate the presence of a bipolar disorder. ***Bipolar*** *or Related Disorders* are episodic mood disorders defined by the occurrence of Manic, Mixed or Hypomanic Episodes or symptoms. These typically alternate over the course of these disorders with Depressive Episodes or periods of depressive symptoms. **Bipolar type I** disorder is an episodic mood disorder defined by the occurrence of one or more manic or mixed episodes. A manic episode is an extreme mood state lasting at least one week = euphoria, irritability, or expansiveness, and by increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid or pressured speech, flight of ideas, increased self-esteem or grandiosity, decreased need for sleep, distractibility, impulsive or reckless behaviour, and rapid changes among different mood states. A mixed episode = presence of several prominent manic and several prominent depressive symptoms, which either occur simultaneously or alternate very rapidly (from day to day or within the same day). Symptoms must include an altered mood state consistent with a manic and/or depressive episode (i.e., depressed, dysphoric, euphoric or expansive mood), and be present most of the day, nearly every day, during a period of at least 2 weeks. Although the diagnosis can be made based on evidence of a single manic or mixed episode, typically manic or mixed episodes alternate with depressive episodes over the course of the disorder. Main difference I and II- bipolar Type I has more severe highs and may not experience depressive episodes. Type II is less severe and does have depressive episodes. One or more hypomanic episodes (less extreme version of manic episodes= several days of persistent elevated mood/increased irritability).		

Question	Answer	Marks	Guidance
4(a)	**Beck Depression Inventory -** 21-item multiple choice questionnaire. It is a psychometric self-report that measures the severity of depression. The patient reads various statements and answers with how much the statement applies to them on a 0–3 scale over the past two weeks. The statements cover issues such as self-dislike, tiredness, etc. The higher the score, the more depressed the person is deemed to be. *e.g.* • 0) I do not feel sad. • (1) I feel sad. • (2) I am sad all the time and I can't snap out of it. • (3) I am so sad or unhappy that I can't stand it 1–10 : These ups and downs are considered normal 11–16: Mild mood disturbance 17–20: Borderline clinical depression 21–30: Moderate depression 31–40: Severe depression over 40: Extreme depression Version 2 – got rid of the statements that had the same scoring. Version 3 – Changed questions on body image, hypochondria and difficulty working and added in questions on sleep loss and appetite. Other appropriate responses should also be credited.		

<table>
<tr><th>Question</th><th>Answer</th><th>Marks</th><th>Guidance</th></tr>
<tr><td>4(b)</td><td>
Evaluate the following, including a discussion about quantitative and qualitative data:
• the diagnostic criteria (ICD-11) of depressive disorder (unipolar) and bipolar disorders
• the Beck depression inventory.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates.
Use Table B: AO3 Analysis and evaluation to mark candidate responses to this question (summary of the table below).

For each evaluation point point/issue/strength/weakness/paragraph assess the level using the table. Annotate each evaluation point on the left-hand side with L1, L2, L3, L4, L5, AN for analysis, CONT for specific detail.

<table>
<tr><th>Point</th><th>Description</th></tr>
<tr><td>L5</td><td>• Very detailed evaluation/discussion
• More than one analysis point
• Good use of context</td></tr>
<tr><td>L4</td><td>• Detailed evaluation
• Analysis
• In context</td></tr>
<tr><td>L3</td><td>• Relevant evaluation
• Some analysis (e.g. contrast, supporting research, strength or weakness)
• Some context</td></tr>
<tr><td>L2</td><td>• Superficial but relevant evaluation/discussion
• Little or no analysis.
• Some context</td></tr>
<tr><td>L1</td><td>• Relevant evaluation/strength/weakness.
• Basic evidence
• No context or evaluation.</td></tr>
<tr><td>0</td><td>No creditable response.</td></tr>
</table>
<table>
<tr><th>Overall Level</th><th>Marks</th></tr>
<tr><td>L5</td><td>9–10</td></tr>
<tr><td>L4</td><td>7–8</td></tr>
<tr><td>L3</td><td>5–6</td></tr>
<tr><td>L2</td><td>3–4
if no named issue max 4</td></tr>
<tr><td>L1</td><td>1–2</td></tr>
<tr><td></td><td>0</td></tr>
</table>
</td><td>10</td><td></td></tr>
</table>

Question	Answer	Marks	Guidance
4(b)	Overall level awarded underneath the candidate's response as follows ('best fit' from individual points) e.g. if all L2 award L2 regardless of how many e.g. 6 L2 = 4 marks. If 1 L4 and 2 L3 award L4 (but give 7 rather than 8 marks). If only 2 points but different levels not usually sufficient for the higher level overall. E.g. 1 L1 and 1 L2 = L1 (2 marks); 1 L2 and 1 L3 = L2 overall (4 marks) A range of issues could be used for evaluation, these include: **Named issue – Quantitative and qualitative data** Strengths of quantitative – can make comparisons, do statistics, not open to interpretation by researcher. Weaknesses – lacks depth, when using a rating scale (such as BDI) understanding of the numbers on the scale will be different for different people. Diagnostic criteria – qualitative data through clinical interviews with patients. BDI – quantitative score. **Validity** **Beck depression inventory** **Good validity because:** • There are 21 items, so the measure is valid as measuring a wide variety of symptoms of mood (affective) disorder. Includes both cognitive and physical symptoms (e.g. sadness, sleep). • There is a choice of 4 items per statement rather than yes/no responses. Gives respondent opportunity to express how they feel in more depth. • Good validity as covers the symptoms for depression that are in the ICD-11 such as depressed mood and loss of interest in activities. **Poor validity because:** • Patients may not be truthful due to social desirability and/or feeling embarrassed about symptoms. • Doesn't collect qualitative data so lacks depth.		

Question	Answer	Marks	Guidance
4(b)	**Diagnostic criteria – good validity because:** • The criteria (ICD-11) have been developed by experts in the field and are regularly updated. This improves the validity of the guidelines. • They are holistic guidelines with many different types of mood disorders given. This will help the patient to get a very precise diagnosis and treatment (e.g. bipolar, unipolar). • They are used in many countries around the world to diagnose mental health problems so have good generalisability. Mood disorders can be diagnosed in a similar way across around the world. • Guidelines are objective and give a precise outline of the mood disorder and its symptoms. • Practitioners can use these guidelines to diagnose their patients with mood disorders based on the symptoms described. **Poor validity because:** • Depression can exist alongside other mental health conditions. Therefore, difficult to know if depression is a single disorder or if there are multiple forms of depression that are distinct from one another. • Practitioners may experience bias and diagnose certain types of patients more frequently such as diagnosing women with depression more frequently. • Patients may show social desirability and/or feel embarrassed about their condition, so don't tell the practitioner their true feelings/behaviour. **Individual and Situational** Diagnostic criteria are individual – each individual has their own unique experience of depression. Levels of low mood, effects on sleep will be individual and may also vary for the individual across time. BDI – individual as each person will have their own unique score on it and this may also vary across time as the experience of depression changes. **Cultural differences** Can present both sides of the argument here. Many countries use the ICD 11 and diagnose depression in the same way. However, there are some countries that use a different classification system such as DSM and while there are a lot of similarities with depression and bipolar they are not identical.		

Question	Answer	Marks	Guidance
4(b)	**Psychometrics** Strengths – can make comparisons, do statistics and can compare to 'normal' population. Weaknesses – lacks depth, doesn't state how to fix the problem/depression. BDI – psychometric test. Other possible issues/debates: • Reliability • Reductionism vs holism • Nomothetic vs idiographic Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
5	**Samira is designing a map for a shopping mall.**		
5(a)	**Suggest <u>two</u> features that Samira could include on the map to help customers with wayfinding in the shopping mall.** For each feature Award 1 mark of each correctly identified feature of a map to help wayfinding. *Annotate with ticks to show where marks are awarded.* Likely content: • You are here map. (1) • Place the map in visible and accessible area of the shopping mall (e.g. most used entrance to the mall). (1) • Landmarks (e.g. fountains, food court). (1) • Directory of shops, cafes, etc. next to the map. (1) • Signage. (1) Other appropriate responses should also be credited.	**2**	
5(b)	**For <u>one</u> of the features suggested in <u>5(a)</u>, explain why this would improve customers' wayfinding in the shopping mall.** 1 mark – Identification/outline of why 1 mark – explanation/detail of why this would improve wayfinding in shopping mall. *Annotate with ticks to show where marks are awarded.* Example - You are here maps will help the shoppers to visualise where they are in relation to the map. (1) They can then plan their route to the shop they want to go to as they know where they are starting from on the map. (1) Other appropriate responses should also be credited.	**2**	

Question	Answer	Marks	Guidance
6(a)	**Outline what is meant by determinism, including an example from the effects of crowding on shopper pleasure-arousal-dominance.** 1 mark for an outline of determinism. 1 mark for applying determinism to the effects of crowding on shopper's PAD. *Annotate with ticks to show where marks are awarded.* Example: Determinism means the individual has little or no control over the decisions that they make. (1) OR behaviour is caused/determined by external or unconscious forces. (1) AND For example, the level of crowding in a shop is an external 'force' which the shopper has no control over. Therefore, the effect of it on their PAD may be that the crowding (which causes arousal) reduces satisfaction of customers (pleasure). Other appropriate responses should also be credited.	**2**	Context – effects of crowding on shopper pleasure-arousal-dominance. Allow for behaviour to be predicted.

Question	Answer	Marks	Guidance
6(b)	**Explain <u>one</u> problem psychologists have when they investigate whether shopper behaviour is determined by external factors or due to the free-will of the shopper.** 1 mark for identification/outline of problem 1 mark for explaining this problem in relation to shopper behaviour being due to external factors or free-will. *Annotate with ticks to show where marks are awarded.* Likely answers: If the psychologists ask the shopper what caused their behaviour they may not know whether it was their free will or external factors that caused it. Shoppers may feel embarrassed to admit that an external factor in the shop is what caused them to enter the shop/purchase something and so will incorrectly state it was entirely down to their own free will. Shoppers can be influenced by both their free will and external factors and it is difficult/impossible for the psychologist to know how much of the influence is due to these two influencing factors. Example: If the psychologists asks the shopper what caused their behaviour they may not know whether it was their free will or external factors that caused it. (1) When shopping we are usually focused on how to get to the shop and what we want to purchase rather than whether an external factor such as the crowding of the shop influenced our behaviour. (1) Other appropriate responses should also be credited.	**2**	

Question	Answer	Marks	Guidance
7	**Robin is the owner of a restaurant and wants his customers to feel comfortable while dining. He uses a six-inch (15cm) table spacing. His customers include couples on a date and business people. Robin speaks to his customers at the end of their meal to investigate the effect of the table spacing on their dining experience.**		
7(a)(i)	**Suggest what response customers on a date will report about the effect of the table spacing on their dining experience.** Award 1 mark per suggestion. Award 1 mark for detail on one suggestion. *Annotate with ticks to show where marks are awarded.* Likely answers for customers on a date – • Crowded • Felt less private • Dissatisfied with the table assigned • Concerned with disturbing others/being overheard • High stress levels • Less likely to have a positive meal experience • Women and those over 50 will report the greatest degree of discomfort with 6-inch spacing. Example: Customers on a date will dislike the 6-inch table spacing and will feel very uncomfortable. (1) They are likely to say they were worried about being overheard (1) or that they might disturb those sitting around them. (1) They felt like it wasn't a private table. (1) It felt crowded in the restaurant. (1) They felt stressed during the meal. (1) Ate quickly as the experience was unpleasant. (1) They are unlikely to want to return to the restaurant. (1) Other appropriate responses should also be credited.	**2**	Can get credit for all of the suggestions given. e.g. one suggestion with an example = 2 marks Two brief suggestions (as shown in the examples) = 2 marks

Question	Answer	Marks	Guidance
7(a)(ii)	**Suggest what response customers dining for business purposes will report about the effect of the table spacing on their dining experience.** Award 1 mark per suggestion. Award 1 mark for detail on one suggestion. *Annotate with ticks to show where marks are awarded.* Likely answers for customers dining for business purposes (can make inferences of the effects of these feelings on their report about their dining experience – e.g. felt relaxed during the meal, could take their time over their food, etc.) • Felt in control • Not overly aroused/alert • Did not have the desire to eat quickly in order to leave • Low level discomfort • Not worried about being overheard or disturbing others – this could lead to the conclusion that they did not notice the 6 inch spacing, felt comfortable talking during their meal without worrying about being overheard, etc. Example: Customers dining for business purposes may not have noticed the 6 inch spacing. (1) They felt in control during the meal (1) and were not overly aroused/alert. (1) Felt they could spend time over their meal. (1) Felt comfortable talking to their business colleagues without worrying about being overheard. (1) Other appropriate responses should also be credited.	**2**	Can get credit for all of the suggestions given. e.g. one suggestion with an example = 2 marks Two brief suggestions (as shown in the examples) = 2 marks Lack of privacy when discussing confidential information.

Question	Answer	Marks	Guidance
7(b)	**Explain <u>one</u> problem psychologists may have when investigating personal space in customers.** 1 mark for identification/outline of problem 1 mark for explaining this problem in relation to investigating personal space in customers. *Annotate with ticks to show where marks awarded* Likely problems • Difficult to know the real reason for the customers' behaviour – is it due to personal space invasion or other, personal reasons. • Individual differences in personal space zones. • Can ask the customer why they acted as they did – they may not know the reason for their behaviour, particularly as response to personal space invasion is often unconscious. Example: One problem psychologists may have is it is difficult to know the real reasons for customer's behaviour. (1) The customer could leave a crowded store, but this could be due to personal space invasion or for personal reasons. (1) Other appropriate responses should also be credited.	**2**	

<table>
<tr><th>Question</th><th>Answer</th><th>Marks</th><th>Guidance</th></tr>
<tr><td>8(a)</td><td>
Describe the following:
• the Engel Kollat Blackwell model of buyer decision-making
• a study that investigates post-purchase cognitive dissonance.

Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question.

Add the levels to get the mark awarded e.g.
NAQ and L2 = 2 marks,
L1 and L2 = 3 marks,
L1 and L3 = 4 marks,
L3 and L3 = 6 marks

Annotation – one Level at the end of the response as follows:
1 or 2 marks = L1
3 or 4 marks = L2
5 or 6 marks = L3

<table>
<tr><th>Level</th><th>Description</th><th>Marks</th></tr>
<tr><td>3</td><td>• Clearly addresses the requirements of the question. (Must cover both theories/concepts, if two are required.)
• Description is accurate and detailed.
• The use of psychological terminology is accurate and appropriate.
• Demonstrates excellent understanding of the material.</td><td>5–6</td></tr>
<tr><td>2</td><td>• Partially addresses the requirements of the question. May cover one theory/concept only for maximum of 3 marks.
• Description is sometimes accurate but lacks detail.
• The use of psychological terminology is adequate.
• Demonstrates good understanding.</td><td>3–4</td></tr>
<tr><td>1</td><td>• Attempts to address the question.
• Description is largely inaccurate and/or lacks detail.
• The use of psychological terminology is limited.
• Demonstrates limited understanding of the material.</td><td>1–2</td></tr>
<tr><td>0</td><td>No creditable response.</td><td>0</td></tr>
</table>
</td><td>6</td><td>L3 for study on post-purchase cognitive dissonance must have some procedural detail and a result.

No credit for only outlining what is meant by cognitive dissonance with no reference to a study.</td></tr>
</table>

Question	Answer	Marks	Guidance
8(a)	Candidates should describe the Engel Kollat Blackwell model of buyer decision-making, and a study that investigates post-purchase cognitive dissonance which could be the Nordvall study or any other relevant study, although clearly not in the detail required for a complete key study essay. Syllabus content • the Engel Kollat Blackwell model of buyer decision-making. • post-purchase cognitive dissonance including factors that can increase dissonance and ways to reduce dissonance, including a study, e.g. Nordvall (2014). **Engel Kollat Blackwell model of buyer decision-making** **Stages in buyer decision-making:** The Engel Kollat Blackwell model of buyer decision-making Stages in buyer decision-making: 1 Problem Recognition: Consumer perceives a need/problem. This need can arise from internal stimuli (such as hunger) or external stimuli (such as advertising or recommendations from friends). 2 Information Search/search for alternatives: Consumer searches for information about available options. This search can be internal (retrieving information from memory) or external (seeking information from various sources such as friends, family, advertisements, or online reviews). 3 Alternative Evaluation: Consumer evaluates different alternatives based on attributes, e.g. price, quality, features, and brand reputation. Consumers often use both objective criteria (such as product specifications) and subjective criteria (such as personal preferences) to evaluate alternatives. 4 Purchase Decision: Once alternatives have been evaluated, consumers make a purchase decision by selecting the product/service that best satisfies their needs/preferences. This decision can be influenced by factors such as price, availability, promotions, and personal preferences. 5 Post-Purchase Evaluation: After purchasing, consumers evaluate decisions based on their satisfaction with the chosen product/service. If product meets or exceeds expectations, the consumer is likely to experience satisfaction. If the product fails to meet expectations, the consumer may experience dissatisfaction, which can lead to post-purchase regret or product returns.		

Question	Answer	Marks	Guidance
8(a)	**Study that investigates post-purchase cognitive dissonance** **Likely content Nordvall (2014)** Method – lab experiment Participants – 100 (47M and 53F) from Swedish university (average age 23) Procedure – Told study to investigate consumer shopping behaviour. 50 items were randomly shown (25 organic and 25 non-organic) on computer screen. First rating – the participant was asked to rate each object on how often he or she bought each item. The seven-point scale ranged from 'Never buy' (1) to 'Buy sometimes' (4) to 'Buy very often', (7). *Manipulation of dissonance (2)*. The participant had to choose between pairs objects considered equally attractive and were rated similar. Being forced to choose a product, and consequently, force the participant to reject an equally preferred product, would create a state of unpleasantness which the participant would want to reduce by giving the chosen item a more favourable score in the second rating. Second rating – participant had to rate the items again and this time he also had to give a reason why he made that particular choice. Along with the product, a reminder telling participant if he or she chose or rejected product appeared. The participant was free to choose one to ten motives: health aspects, taste, environmental reasons, availability, physical appearance, nutrients level, price, animal welfare, quality, other (fill in). The participant was asked to give answers to value orientation survey (e.g. caring about the world, animal rights, etc.). The survey consisted of 12 questions on a Likert-type five-point scales ranging from completely disagree to completely agree. Results – Increase between chosen product rating between first and second rating. (2.62 to 2.9). Showed participants tried to reduce their cognitive dissonance. However, did not reduce the rating for the non-chosen item. There was a reduction, but not significant. In the value orientation survey most common choices were environmental concerns and animal welfare. Therefore surprising that organic products were not chosen more often. Most common reason for non-organic was price. Finally, questions on demographic info was completed. Conclusion – There is a difference between attitudes/values given and behaviour. Behaviour is rationalised by reducing cognitive dissonance.		

Question	Answer	Marks	Guidance
8(a)	Accept any study relevant to the topic (e.g. Chen et al., 2013 Understanding Consumers' Post-purchase Behaviour by Cognitive Dissonance and Emotions in the Online Impulse Buying Context). Other appropriate responses should also be credited.		

<table>
<tr><th>Question</th><th>Answer</th><th>Marks</th><th>Guidance</th></tr>
<tr><td>8(b)</td><td>
Evaluate the following, including a discussion about cultural differences:
• the Engel Kollat Blackwell model of buyer decision-making
• a study that investigates post-purchase cognitive dissonance.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates.

Use Table B: AO3 Analysis and evaluation to mark candidate responses to this question (summary of the table below).

For each evaluation point point/issue/strength/weakness/paragraph assess the level using the table. Annotate each evaluation point on the left-hand side with L1, L2, L3, L4, L5, AN for analysis, CONT for specific detail.

<table>
<tr><th>Point</th><th>Description</th></tr>
<tr><td>L5</td><td>• Very detailed evaluation/discussion
• More than one analysis point
• Good use of context</td></tr>
<tr><td>L4</td><td>• Detailed evaluation
• Analysis
• In context</td></tr>
<tr><td>L3</td><td>• Relevant evaluation
• Some analysis (e.g. contrast, supporting research, strength or weakness)
• Some context</td></tr>
<tr><td>L2</td><td>• Superficial but relevant evaluation/discussion
• Little or no analysis.
• Some context</td></tr>
<tr><td>L1</td><td>• Relevant evaluation/strength/weakness.|
• Basic evidence
• No context or evaluation.</td></tr>
<tr><td>0</td><td>No creditable response.</td></tr>
</table>
<table>
<tr><th>Overall Level</th><th>Marks</th></tr>
<tr><td>L5</td><td>9–10</td></tr>
<tr><td>L4</td><td>7–8</td></tr>
<tr><td>L3</td><td>5–6</td></tr>
<tr><td>L2</td><td>3–4
if no named issue max 4</td></tr>
<tr><td>L1</td><td>1–2</td></tr>
<tr><td></td><td>0</td></tr>
</table>
</td><td>10</td><td></td></tr>
</table>

Question	Answer	Marks	Guidance
8(b)	Overall level awarded underneath the candidate's response as follows ('best fit' from individual points) e.g. if all L2 award L2 regardless of how many e.g. 6 L2 = 4 marks. If 1 L4 and 2 L3 award L4 (but give 7 rather than 8 marks). If only 2 points but different levels not usually sufficient for the higher level overall. E.g. 1 L1 and 1 L2 = L1 (2 marks); 1 L2 and 1 L3 = L2 overall (4 marks) Depending on the examples studied by candidates their answers may vary. A range of issues could be used for evaluation. These include: • **Named issue – cultural differences –** EKB model – takes into account cultural differences as people from different cultures have access to different products and different availability of products but can still go through the same process. However, doesn't take into account cultural differences as things such as brand comparisons would not be relevant where products are in short supply. Study investigating cognitive dissonance – responses will vary depending on study described in part (a). Focus can be on the sample used, cultural differences in products used in study (e.g. Nordall used everyday products that are available in most countries) and/or the conclusions reached. • **Reductionism versus holism** – EKB model – holistic and considers various stages of purchasing decision and thoughts after purchase. Could argue reductionist but would need example(s) of what is missing from the stages. Study – cognitive dissonance is a complex cognitive process. • **Idiographic versus nomothetic** – Both are nomothetic as have general laws about human behaviour (EKB – all consumers go through these stages and what consumers do to resolve cognitive dissonance). Responses can give examples of how individual consumers may vary. • **Objective and subjective data** – Study – responses will vary depending on study used. Nordall study can be seen to be objective as numerical data so not open to interpretation. However, responses to the questions are subjective and may be open to social desirability, participants being uncertain of their reasons for choice and just picking a response. • **Validity –** Responses will vary depending on study chosen. Can refer to ecological validity, population validity, temporal validity or validity generally.		

Question	Answer	Marks	Guidance
8(b)	Additional issues candidates may include: • Reliability • Generalisations • Individual differences • Determinism versus free-will Other appropriate responses should also be credited.		

Section C: Health Psychology

Question	Answer	Marks	Guidance
9	**Rajeesh is undergoing medical treatment that he finds stressful.** **Suggest how relaxation and imagery could be used to reduce any stress that Rajeesh might experience during his medical treatment.** 2 marks for relaxation 2 marks for imagery *Annotate with ticks to show where marks awarded* Syllabus content: Use of imagery to reduce stress (exemplified by the following key study). • Key study on relaxation and imagery in reducing stress during medical treatment: Bridge et al. (1988). Suggestions could include: • Use of imagery before, during or after treatment (e.g. imagining a peaceful scene, visualising feeling better). • Relaxation through progressive muscle relaxation. Example: Rajeesh could be taught to use relaxation and imagery before he starts his treatment. (1) Relaxation could be taught through progressive muscle relaxation. (1) He could use this before or during the treatment to reduce any stress response to it. (1) He could also be taught imagery and told to imagine a peaceful scene. (1) Other appropriate responses should also be credited.	**4**	

Question	Answer	Marks	Guidance
10(a)	**Outline the reductionism versus holism debate.** Award 1 mark for definition of reductionism Award 1 mark for definition of holism *Annotate with ticks to show where marks awarded* Example: The reductionism versus holism debate is about the extent to which behaviour can be best understood by breaking it down into its component parts/elements (1) or by looking at the behaviour in the context of the whole person (1) Other appropriate responses should also be credited.	**2**	1 mark – reductionism definition 1 mark – holism definition 1 mark – both definitions inadequately expressed. E.g. reductionism is oversimplifying and holism is considering everything that might cause behaviour.

Question	Answer	Marks	Guidance
10(b)	**Explain <u>one</u> reason why measuring stress using a heart rate monitor could be reductionist.** 1 mark for why reductionist. 1 mark for detail/example. *Annotate with ticks to show where marks awarded* Reasons could include: • Heart rate monitor only measures how quickly the heart is beating and not everyone who experiences stress will have an increased heart rate/some people have a low heart rate so an increase in their heart rate might not be seen as a sign of stress if not measured prior to the onset of stress. • Heart rate monitors only measure one of the symptoms of stress and do not measure other physiological symptoms such as increased adrenaline and sweat. • Heart rate monitors only measure one of the physical symptoms of stress and do not measure psychological symptoms (e.g. racing thoughts). • Allows for a quantitative measure of stress that allows for easy monitoring of patients. Example: Heart rate monitors can be considered to be reductionist as a measure of stress as they only measures one of the symptoms of stress (1) and do not measure psychological symptoms (e.g. racing thoughts). (1) Other appropriate responses should also be credited.	**2**	Context = heart rate monitor

Question	Answer	Marks	Guidance
11(a)	**Dr Smith and Dr Reynolds are having a conversation about non-verbal communication and practitioner clothing. Dr Smith says that the clothing that the practitioner wears during a consultation is important. Dr Reynolds disagrees, he says it does <u>not</u> matter what the practitioner wears during a consultation.** **Using the findings of a study about practitioner clothing:**		
11(a)(i)	**Suggest why Dr Smith is correct.** For the suggestion: 1 mark for outline of why Dr Smith is correct. 1 mark for specific example from findings. *Annotate with ticks to show where marks awarded* Syllabus content: Non-verbal communications with a focus on practitioner clothing, including a study, e.g. McKinstry and Wang (1991). Suggestion must include reference to research (e.g. McKinstry and Wang) • 28% of patients said they would be unhappy about consulting one of the doctors shown, usually the ones informally dressed. • Majority thought way doctor dresses is important. • 41% said they would have more confidence in the ability of their doctor based on their appearance. • Male doctor in suit and tie most preferred and the female doctor in white coat. Example: Dr Smith is correct as in the research it has been shown that doctor clothing is important to patients as 41% thought they would have more confidence in the ability of their doctor based on their appearance. (2) Other appropriate responses should also be credited.	**2**	

Question	Answer	Marks	Guidance
11(a)(ii)	**Suggest why Dr Reynolds is correct.** For the suggestion: 1 mark for outline of why Dr Reynolds is correct. 1 mark for detail/specific example from findings. *Annotate with ticks to show where marks awarded* Suggestions must include reference to research (McKinstry and Wang) • 28% of patients said they would be unhappy about consulting one of the doctors shown, usually the ones informally dressed – therefore most participants do not feel unhappy about consulting a doctor in different styles of clothing. • 41% said they would have more confidence in the ability of their doctor based on their appearance – so 59% don't feel this way. • Other factors are more important to patients such as verbal communication OR practitioner style where a doctor-centred approach is preferred. Example: Dr Reynolds is correct as there are individual differences shown in the research. (1) Although 41% thought they would have more confidence in the ability of their doctor based on appearance, this means that 59% did not feel this way. (1) Other appropriate responses should also be credited.	**2**	

Question	Answer	Marks	Guidance
11(b)	**When researchers investigate non-verbal communication and practitioner clothing, they often collect quantitative data.** **Explain <u>one</u> weakness of using quantitative data when researching non-verbal communication and practitioner clothing.** 1 mark for outline of weakness. 1 mark for link to practitioner clothing/reference to study. *Annotate with ticks to show where marks awarded* Weakness may include: • Lacks depth • Subjective responses/social desirability/demand characteristics • Different interpretations of scale (e.g. McKinstry and Wang used 0 to 5 point scale) Example: One weakness of quantitative data is that it lacks depth. (1) For example, in the McKinstry and Wang study the participants were asked to rate how happy they would be seeing the doctor for the first time. They could not explain why they were happy/unhappy about seeing the doctor.(1) For example, if participants were asked to rate how important the doctor's clothing is to them during a consultation they would not be able to explain why they felt it was important. (1) Other appropriate responses should also be credited.	**2**	The response can achieve full marks without direct reference to a specific study.

<table>
<tr><th>Question</th><th>Answer</th><th>Marks</th><th>Guidance</th></tr>
<tr><td>12(a)</td><td>
Describe the study by Shoshani and Steinmetz (2014) using positive psychology in schools to improve mental health.

Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question. The response must describe the key study.

Add the levels to get the mark awarded e.g.
NAQ and L2 = 2 marks,
L1 and L2 = 3 marks,
L1 and L3 = 4 marks,
L3 and L3 = 6 marks

Annotation – one Level at the end of the response as follows:
1 or 2 marks = L1
3 or 4 marks = L2
5 or 6 marks = L3

<table>
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• Description is sometimes accurate but lacks detail.
• The use of psychological terminology is adequate.
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<tr><td>1</td><td>• Attempts to address the question.
• Description is largely inaccurate and/or lacks detail.
• The use of psychological terminology is limited.
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<tr><td>0</td><td>No creditable response.</td><td>0</td></tr>
</table>
</td><td>6</td><td>
Background – 1
Sample – 2
Method/procedure – 3
(1 mark only for either longitudinal OR control/intervention group.)
Measurement(s) taken – 2 marks
Results – 2

For full marks -
1 mark for sample
1 mark for method/procedure
1 mark for a measure
1 mark for results

Plus 2 other details.
</td></tr>
</table>

Question	Answer	Marks	Guidance
12(a)	Details may include: Background – outline of what is meant by positive psychology e.g. good life, meaningful life and pleasant life (Seligman). Sample – participants 537 seventh- to ninth-grade students participated in a 1-year intervention program and were compared to 501 (1038 total) students in a demographically similar control school in Israel (1167 at start of study). Method – 2-year longitudinal repeated measures design, the study assessed pre- to post-test modifications in psychological symptoms and distress and in targeted well-being factors that were promoted in the experimental but not in a wait list control condition. Independent measures – control versus students taught positive psychology. Participants were tested at the start of the study, at the end of the intervention year and 1 year later. Measures taken: Demographic information Brief Symptoms Inventory (BSI) The Rosenberg Self-Esteem Scale (RSE) The General Self-Efficacy Scale Satisfaction with Life Scale (SWLS)The Life Orientation Test-Revised (LOT-R) Procedure – intervention group had teacher training and alongside this delivered 15 lessons to students on positive psychology including activities, discussions, film clips and stories/poems. Control Group – regular social science lessons where they discussed issues relating to adolescence, but no reference made to positive psychology. Results – the findings showed significant decreases in general distress, anxiety and depression symptoms among the intervention participants, whereas symptoms in the control group increased significantly. In addition, the intervention strengthened self-esteem, self-efficacy and optimism, and reduced interpersonal sensitivity symptoms.		

Question	Answer	Marks	Guidance
12(a)	Conclusion – demonstrated the potential benefits of evidence-based positive-psychology interventions for promoting school-children's mental health and point to the crucial need to make education for wellbeing an integral part of the school curriculum. Other appropriate responses should also be credited.		

<table>
<tr><th>Question</th><th>Answer</th><th>Marks</th><th>Guidance</th></tr>
<tr><td>12(b)</td><td>
Evaluate the study by Shoshani and Steinmetz (2014), including a discussion about questionnaires.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates.

Use Table B: AO3 Analysis and evaluation to mark candidate responses to this question (summary of the table below).

For each evaluation point point/issue/strength/weakness/paragraph assess the level using the table. Annotate each evaluation point on the left-hand side with L1, L2, L3, L4, L5, AN for analysis, CONT for specific detail.

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<tr><td>L3</td><td>5–6</td></tr>
<tr><td>L2</td><td>3–4
if no named issue max 4</td></tr>
<tr><td>L1</td><td>1–2</td></tr>
<tr><td></td><td>0</td></tr>
</table>
</td><td>10</td><td></td></tr>
</table>

Question	Answer	Marks	Guidance
12(b)	**Overall level awarded underneath the candidate's response as follows – 'best fit' from individual points** **e.g. if all L2 award L2 regardless of how many e.g. 6 L2 = 4 marks.** **If 1 L4 and 2 L3 award L4 (but give 7 rather than 8 marks).** **If only 2 points but different levels not usually sufficient for the higher level overall. E.g. 1 L1 and 1 L2 = L1 (2 marks); 1 L2 and 1 L3 = L2 overall (4 marks)** A range of issues could be used for evaluation here. These include: **Named issue – questionnaires** Strengths – can find out how participants feel about themselves, as private may give more honest responses compared to an interview. Weaknesses – social desirability, demand characteristics, some of the terms used may be difficult to understand, may be unaware of feelings about self and just guess at response. **Individual and situational explanations** A situational explanation as it suggests the implementation (examples can be given) of positive psychology changed mental health. Counter-point of individual explanation could be examples of individual factors that could have improved mental health during the study. **Cultural differences** Study done in Israel – cultural differences with other countries. **Idiographic versus nomothetic** Takes a nomothetic perspective by offering a general law of human behaviour (positive psychology taught in schools will lead to an improvement in mental health). **Psychometrics** Reference may be made to psychometrics generally or one of the measures used in the study. Brief Symptoms Inventory (BSI) The Rosenberg Self-Esteem Scale (RSE) The General Self-Efficacy Scale Satisfaction with Life Scale (SWLS)The Life Orientation Test-Revised (LOT-R) Strengths: • Reliable as standardised self-reports given to students		

Question	Answer	Marks	Guidance
12(b)	• Quantitative data – comparisons can be made between the schools and overtime. Weaknesses: • Can lack reliability if different students have a different understanding of the questions asked. • Lack of validity due to social desirability. **Generalisations from findings** Research done in Israel so may not be able to generalise findings to other countries. Could get a stronger response in a Western school as positive psychology is a part of the culture so may be more involvement from parents which could improve mental health further. **Other issues could include:** • Ecological validity • Reliability • Validity Other appropriate responses should also be credited.		

Section D: Organisational Psychology

Question	Answer	Marks	Guidance
13	**Collette is the manager of a factory. She is going to implement one of Kouzes and Posner's five leadership practices. Collette plans to use 'model the way' to become a better manager to her employees at the factory.** **Suggest <u>two</u> ways that Collette could use 'model the way' to become a better manager to her employees at the factory.** 1 mark for suggestion 1 mark for detail (e.g. how will it help Collette to be a *better* manager; example from factory; effect on employee) *Annotate with ticks to show where marks awarded.* Syllabus content: • Kouzes and Posner's Leadership Practices Inventory including five practices **Model the Way** • Set standards of excellence for others to follow. • Set small goals so employees can feel good as they progress (create opportunities for victory). • Unravel bureaucracy when it blocks progress in the organisation (signpost when people unsure where to go). • Demonstrate expected behaviours, such as punctuality, professionalism, and commitment. • Follow company rules and safety procedures consistently to show employees they matter. • Lead by example during busy or challenging periods, showing the work ethic expected from employees. • Being transparent and consistent in decision-making, showing fairness and integrity. • Showing commitment to improvement, for example engaging in training or learning new production methods herself.	**4**	To achieve full marks one of the suggestions must be clearly linked/appropriate to a factory. Use to confirm the response is specifically about **Model the Way** rather than another practice. **Model the Way** – Leader demonstrates the behaviours/standards they expect others to follow (leading by example). **Inspire a Shared Vision** – Leader motivates others by communicating an inspiring future goal/direction. **Challenge the Process** – Leader seeks improvement by questioning existing systems and encouraging innovation or change.

Question	Answer	Marks	Guidance
13	Example: Collette could set a standard of excellence for the other managers at the factory to follow. (1) She should be someone the managers at the factory can speak to about issues they are having so that the managers then will listen to the employees at the factory. (1) Collette should write an employee handbook that clearly explains what the employees need to do/where to go if problems arise. (1) For example, how to report a health and safety issue in the factory. (1) Other appropriate responses should also be credited.		**Enable Others to Act** – Leader empowers and supports employees through trust, collaboration, and shared responsibility. **Encourage the Heart** – Leader recognises, praises, and celebrates employees' contributions and achievements.

Question	Answer	Marks	Guidance
14(a)	**Outline what is meant by individual and situational explanations.** Award 1 mark for a definition of individual explanation. Award 1 mark for a definition of situational explanation. *Annotate with ticks to show where marks are awarded.* Indicative content Individual explanation: behaviour is explained by factors within the individual, such as personality, traits, attitudes, motivation, commitment, or internal characteristics. (1) Situational explanation: behaviour is explained by external factors in the environment, such as workplace conditions, organisational culture, leadership, policies, or social influences. (1) Example An individual explanation is the view that behaviour is caused by an innate trait / due to personality. (1) Situational explanation is the view that behaviour is caused by the environment the person is in. (1) Other appropriate responses should also be credited.	**2**	

Question	Answer	Marks	Guidance
14(b)	**Explain one reason why Blau and Boal's absenteeism and organisational commitment model is an individual explanation.** 1 mark outline of reason 1 mark detail/example. *Annotate with ticks to show where marks awarded.* Examples: Employees will have an individual level or job involvement and organisational commitment which will be high or low. (1) Therefore, their turnover/absenteeism will depend on this individual level or commitment. (1) OR Those with high involvement will have the lowest turnover and absenteeism. (1) There are different types of absenteeism that depend on the individual's reason for their absence. (1) For example, some employees will be absent due to medical reasons whereas others may be absent due to career enhancing reasons. (1) Other appropriate responses should also be credited.	2	**Absenteeism (Blau and Boal, 1987)** Used job involvement and organisational commitment to see the effect of these on turnover and absenteeism. High involvement and commitment was predicted to have the lowest turnover and absenteeism due as they put a great deal of effort into their jobs and are highly valued by the organisation. Low involvement and low commitment were predicted to have the highest levels of turnover and absenteeism due to them not putting in much effort into their job and not valuing the organisation. In turn, these employees are not valued and would be easy for the organisation to replace. No credit for explaining why it is not situational.

Question	Answer	Marks	Guidance
15	**Sally attended a training course on how to become a better manager and learned about universalist and behavioural theories of leadership.**		

Question	Answer	Marks	Guidance
15(a)(i)	**Suggest <u>one</u> reason why Sally may be able to become a better manager, using a behavioural theory of leadership.** For suggestion: Award 2 marks for a suggestion of one reason why Sally may be able to become a better manager, using behavioural theory of leadership. Award 1 mark for a basic outline of one reason why Sally may be able to become a better manager, using behavioural theory of leadership. *Annotate with ticks to show where marks awarded.* Syllabus reference: • behavioural theories including Ohio University and Michigan University behavioural explanations. Reason might include • Can learn to become either more relationship oriented or more task oriented if that is what is required and/or can learn to initiate structure/show consideration for feelings of workers • Measure how task or relationship-oriented Sally is through least preferred co-worker questionnaire. This can then be tracked to see when there are improvements. Example: Sally may be able to become a really good manager because she can learn to be more task or relationship focused. (1) For example, to become more relationship focused by spending time with employees in their teams. Sally can gain a better understanding of the relationships between the workers and could organize team building days to improve these relationships if needed. (2) Other appropriate responses should also be credited.	**2**	Leadership skills can be learned/nurtured = 1 Credit behavioural explanation using operant conditioning Behavioural – Ohio and Michigan state studies. Ohio study found two categories of leaders: *Initiating structure* – co-ordination of tasks, delegating, planning to meet deadlines, monitoring quality of work *Consideration* – listen to the workers, focus on self-esteem and motivation of workforce, concern for feelings and attitudes of workers Michigan found two types: Task-oriented – leader focuses on the tasks that are done by workers within the organisation; prioritises planning and delegating; sets clear goals and deadlines

Question	Answer	Marks	Guidance
15(a)(i)			Relationship-oriented – leader focuses on their relationship with the workforce and interpersonal relationships between workers/ departments. Well-being of workforce is prioritised and things are done to improve well-being. Feelings and attitudes of workers are important.

Question	Answer	Marks	Guidance
15(a)(ii)	**Suggest <u>one</u> reason why Sally may <u>not</u> be able to become a better manager, using a universalist theory of leadership.** For suggestion: Award 2 marks for a suggestion of one reason why Sally may not be able to become a better manager, using a universalist theory of leadership. Award 1 mark for a basic outline of one reason why Sally may be able to become a better manager, using a universalist theory of leadership. *Annotate with ticks to show where marks awarded.* Syllabus reference: • universalist theories including great person, charismatic, and transformational leaders Reason might include • Great Man/person theory of leadership suggests that leaders are born and not made. • Charismatic leader theory suggests that someone may not be able to become a better manager as because they might not possess key innate traits such as confidence, charisma, or sociability that are natural qualities of effective leaders, and these traits are considered difficult or impossible to develop through training. Example: Sally may not be able to become a better manager because Great Person theory suggests that leaders are born not made. (1) This type of manager is born with characteristics such as vision, charisma and confidence so Sally cannot be trained to become one. (1) Other appropriate responses should also be credited.	**2**	**Universalist and behavioural theories** Universalist – look at the characteristics and personal qualities of great leaders. Woods (1913) proposed the 'Great Man Theory' arguing that leaders are born and not made. They can also be seen as transformational/ charismatic leader who inspires and leads others. They will show a vision, self-confidence, extraordinary behaviour, etc.

Question	Answer	Marks	Guidance
15(b)	**Explain one weakness of a behavioural theory of leadership.** 1 mark for outline of weakness 1 mark for detail/example *Annotate with ticks to show where marks awarded.* Weaknesses may include: • Some leaders may be one type with one team (e.g. task focused for production line) and a different type with the other (e.g. Human Resources – relationship focused). • Doesn't identify which type of leader is best for different teams, type of organisation (e.g. service industry versus software development) and therefore, may lack some application to everyday life. • Does not explain how someone could become more task or relationship focused. • Difficult to measure. University of Michigan used the least preferred co-worker scale. There are weaknesses of the scale such as – lacks depth, often do not choose extreme ends of scale. Example: One weakness is that of the behavioural theory of leadership is there are some problems with its application to everyday life. The theory does not suggest how a leader could develop either task or relationship focused skills. (1) In addition, it does not suggest which type of leader is best for which situations/types of business/team. (1) Other appropriate responses should also be credited.	**2**	

<table>
<tr><th>Question</th><th>Answer</th><th>Marks</th><th>Guidance</th></tr>
<tr><td>16(a)</td><td>
Describe the following:
• Latham and Locke's goal-setting theory
• Vroom's VIE (expectancy) theory.

Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question.

Add the levels to get the mark awarded e.g.
NAQ and L2 = 2 marks,
L1 and L2 = 3 marks,
L1 and L3 = 4 marks,
L3 and L3 = 6 marks

Annotation – one Level at the end of the response as follows:
1 or 2 marks = L1
3 or 4 marks = L2
5 or 6 marks = L3

<table>
<tr><th>Level</th><th>Description</th><th>Marks</th></tr>
<tr><td>3</td><td>• Clearly addresses the requirements of the question. (Must cover both theories/concepts, if two are required.)
• Description is accurate and detailed.
• The use of psychological terminology is accurate and appropriate.
• Demonstrates excellent understanding of the material.</td><td>5–6</td></tr>
<tr><td>2</td><td>• Partially addresses the requirements of the question. May cover one theory/concept only for maximum of 3 marks.
• Description is sometimes accurate but lacks detail.
• The use of psychological terminology is adequate.
• Demonstrates good understanding.</td><td>3–4</td></tr>
<tr><td>1</td><td>• Attempts to address the question.
• Description is largely inaccurate and/or lacks detail.
• The use of psychological terminology is limited.
• Demonstrates limited understanding of the material.</td><td>1–2</td></tr>
<tr><td>0</td><td>No creditable response.</td><td>0</td></tr>
</table>
</td><td>6</td><td>Credit SMART goals with goal setting theory. If only covers SMART goals/targets max L2.</td></tr>
</table>

Question	Answer	Marks	Guidance
16(a)	**Goal setting theory (Latham and Locke)** There was a relationship between how difficult and specific a goal was and people's performance of a task. Specific and difficult goals led to better task performance than vague or easy goals. To motivate goals must have - 1 Clarity – measurable and unambiguous. 2 Challenge – challenging enough to feel a sense of achievement when accomplished. 3 Commitment – goals are understood and agreed upon with the employee. 4 Feedback – feedback provides opportunities to clarify expectations, adjust goal difficulty, and gain recognition. 5 Task complexity – the employee should be capable of completing the task set. **VIE (expectancy) theory (Vroom)** This theory suggests how the actions and behaviours of individuals are done to maximise pleasure and minimise pain. Individuals are therefore more likely to be motivated to do certain acts, if they expect that rewards can be obtained, and that these rewards can be obtained without too much trouble and pain. **Valence** Valence is the strength of preference for obtaining a particular outcome. Valence will be positive, when the individual prefers to attain some outcome to not attaining it. If the individual is indifferent, valence will be zero. It is therefore important for managers and employers to discover what is valued by the employees. If an extrinsic factor, such as recognition, is seen as a valuable outcome by an employee, managers may use this information to motivate his/her employee. **Instrumentality** Instrumentality refers to the belief that doing a task will result in the attainment of some valued reward. If instrumentality is high, an employee believes that certain actions will result in the attainment of the rewards valued by him/her. **Expectancy** Expectancy relates to the confidence they have in themselves in accomplishing a certain task or assignment satisfactorily. If the individual does not regard himself as competent enough to do a certain job, the individual will not see it as feasible to get the desired rewards and hence demotivate the employee. According to Vroom, the strength of motivation to perform a certain task can be calculated using this formula: Motivation = Valence × Expectancy × Instrumentality		

Question	Answer	Marks	Guidance
16(a)	**Managers can use the VIE-model accordingly:** Firstly, managers have to find out which rewards the employees want, and which rewards are seen as valuable by the employees (Valence). Secondly, managers have to create instrumentality, in which managers must convince the employees that the accomplishments of certain tasks will generate the rewards valued by the employees. Thirdly, managers must ensure that the employees have the necessary capabilities to accomplish the given task, so that the employees expect that they will be able to accomplish it and thus get rewarded. Other appropriate responses should also be credited.		

<table>
<tr><th>Question</th><th>Answer</th><th>Marks</th><th>Guidance</th></tr>
<tr><td>16(b)</td><td>
Evaluate the following, including a discussion about the idiographic versus nomothetic approach:
• Latham and Locke’s goal-setting theory
• Vroom’s VIE (expectancy) theory.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates.
Use Table B: AO3 Analysis and evaluation to mark candidate responses to this question (summary of the table below).

For each evaluation point point/issue/strength/weakness/paragraph assess the level using the table. Annotate each evaluation point on the left-hand side with L1, L2, L3, L4, L5, AN for analysis, CONT for specific detail.

<table>
<tr><th>Point</th><th>Description</th></tr>
<tr><td>L5</td><td>• Very detailed evaluation/discussion
• More than one analysis point
• Good use of context</td></tr>
<tr><td>L4</td><td>• Detailed evaluation
• Analysis
• In context</td></tr>
<tr><td>L3</td><td>• Relevant evaluation
• Some analysis (e.g. contrast, supporting research, strength or weakness)
• Some context</td></tr>
<tr><td>L2</td><td>• Superficial but relevant evaluation/discussion
• Little or no analysis.
• Some context</td></tr>
<tr><td>L1</td><td>• Relevant evaluation/strength/weakness.|
• Basic evidence
• No context or evaluation.</td></tr>
<tr><td>0</td><td>No creditable response.</td></tr>
</table>
<table>
<tr><th>Overall Level</th><th>Marks</th></tr>
<tr><td>L5</td><td>9–10</td></tr>
<tr><td>L4</td><td>7–8</td></tr>
<tr><td>L3</td><td>5–6</td></tr>
<tr><td>L2</td><td>3–4
if no named issue max 4</td></tr>
<tr><td>L1</td><td>1–2</td></tr>
<tr><td></td><td>0</td></tr>
</table>
</td><td>10</td><td></td></tr>
</table>

Question	Answer	Marks	Guidance
16(b)	**Overall level awarded underneath the candidate's response as follows – 'best fit' from individual points** **e.g. if all L2 award L2 regardless of how many e.g. 6 L2 = 4 marks.** **If 1 L4 and 2 L3 award L4 (but give 7 rather than 8 marks).** **If only 2 points but different levels not usually sufficient for the higher level overall. E.g. 1 L1 and 1 L2 = L1 (2 marks); 1 L2 and 1 L3 = L2 overall (4 marks)** A range of issues could be used for evaluation including: **Named issue – idiographic versus nomothetic approach** Both theories present a general law about motivation – Latham and Locke that employees will do well with following the goal-setting principles and Vroom's theory that Motivation = Valence × Expectancy x Instrumentality. However, both also have an idiographic approach as the specific goals will be different in different companies and for different workers. The same is true for Vroom's theory as different things will lead to valence, expectancy and instrumentality. **Individual and situational explanations** Locke and Latham are a mixture as the employer is helping the employee to set targets and goals and adjusting the situation if necessary, but these targets and goals should be specific to that individual employee in order to be considered to be effective. VIE theory is on the individual side of the debate as Motivation = Valence × Expectancy × Instrumentality will be individual to the employee. **Cultural differences** Both are Western theories. Can argue that both theories can be used cross culturally as everyone can be set a realistic goal, for example. Can also argue that there are cultural differences with example(s) given. **Reductionism versus holism** Both offer fairly holistic theories – examples should be given of this from both theories. Can suggest they are reductionist by identifying what the theories are not considering in terms of motivation at work.		

Question	Answer	Marks	Guidance
16(b)	**Determinism versus free-will** Locke and Latham is somewhat deterministic as it is often the employer who sets the targets and it can be out of the control of the employee. However, many organisations do involve the employee in setting the targets and making sure they are specific for that individual. VIE theory is less deterministic as it is the employees choice about what they find maximises their pleasure and minimises their pain. Once this is discovered by the employer, however, they can put things in place (e.g. pay, conditions of service, etc.) that would be likely to benefit the employee and this is therefore more deterministic as it is causing the motivation of the employee. In addition, candidates may also use the following issues: • Usefulness/application to everyday life. Other appropriate responses should also be credited.		