CAMBRIDGE
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PSYCHOLOGY **9990/31**

Paper 3 Specialist Options: Approaches, Issues and Debates **May/June 2026**

MARK SCHEME

Maximum Mark: 60

Published

This mark scheme contains the instructions and marking guidance that our examiners used to mark candidate responses for this component.

Before they start marking, examiners complete a standardisation process. They review a range of candidate responses and discuss the mark scheme in detail to agree which answers can and cannot be accepted. Examiners award marks where it is clear that candidate responses have met the requirements of the mark scheme. These requirements may vary between different components or different versions of the same component, depending on the exact requirements of the question and the candidate responses seen during the standardisation process.

Sometimes, our mark schemes may allow marks to be awarded to responses which contain elements that are factually incorrect or for content not covered by the syllabus. We do this in response to the demands of a specific question to support candidates and make sure that our assessments are fair. However, these allowances should not be used as a guide for teaching and learning.

We cannot discuss the mark scheme with schools, and we recommend that schools read the mark scheme together with the assessment material and the Principal Examiner Report for Teachers.

 [Turn over

General marking principles

All examiners must apply these marking principles when marking candidate responses.

1	Examiners must award marks for each response in line with: • the specific **content** defined in the mark scheme • the specific **skills** defined in the mark scheme or in the level descriptions • the **standard of response** required as exemplified by the standardisation scripts.
2	Examiners must award **whole marks** (not half marks, or other fractions).
3	Examiners must award marks **positively**. This means that: • marks are not deducted for errors or omissions • marks are awarded for correct/valid answers as defined in the mark scheme and also for **other valid answers** which go beyond the scope of the syllabus and mark scheme referring to your team leader as appropriate • the quality of spelling, punctuation and grammar are judged **only** when the mark scheme indicates that these features are **specifically assessed** in the question. However, the meaning of all responses must be unambiguous.
4	Examiners must **consistently** apply the requirements of the mark scheme and any rules for what to do when candidates have not followed instructions correctly.
5	Examiners must use the **full range of marks** defined in the mark scheme, unless limited by the quality of the candidate responses seen.
6	Examiners must award marks according to the mark scheme and **must not** award marks with grade thresholds or grade descriptions in mind.

Social Sciences-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:

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

ALSO Overall level awarded underneath the candidate's response.

Level	Description	Overall Level	Marks
5	• Very detailed evaluation/discussion • Two or more clear analysis points • Good use of context (very thorough and effective)	L5	9–10
4	• Detailed evaluation/discussion • Analysis evident • Mainly contextualised	L4	7–8
3	• Relevant evaluation • Analysis is limited/identified • Some context	L3	5–6
2	• Superficial but relevant evaluation/discussion • Little or no analysis • Little or no context	L2	3–4 **If no named Issue max 4**
1	• Appropriate or basic evaluation/a strength/a weakness • No analysis • No context	L1	1–2
	No creditable response.		0

Overall level awarded underneath the candidate response as follows – 'best fit' from individual points/issue/etc.
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 (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 overall (2 marks); 1 L2 and 1 L3 = L2 overall (4 marks)

Section A: Clinical Psychology

Question	Answer	Marks	Guidance
1	**Richard fell off his chair and cut himself. He could see himself bleeding. After this, he developed a phobia of blood. Richard's mother also has a phobia of blood. He recently made an appointment for a blood test but cancelled it due to his phobia.** **Outline <u>two</u> explanations for Richard's blood phobia.** *Annotate with ticks to show where marks awarded.* For each explanation: 1 mark = outline of explanation 1 mark = further detail linked to explaining Richard's blood phobia Likely explanations • Genetic (Ost) • Behavioural including classical and operant conditioning • Psychodynamic	**4**	Genetics % not required for full marks for genetic. Textbook states **concordance** is 50% with one or more parent (**not** that we share 50% of genetic make up with parent) Genetics requires identifying mum as the genetic link for Richard for 1 mark. NTRK3 gene human chromosome 15q24-26 (named DUP25), which is significantly associated with phobias = 1 Allow 2% point difference for 61% and 50% Ost did not research twins Identify the explanation e.g. it's due to genetics only = 0 Classical NS – blood UCS – falling (off chair) or pain from fall (1) UCR – fear Blood associated with the falling/pain leads to phobia (1) Social learning theory may receive credit if appropriate terminology is used (e.g. mum = role model, vicarious reinforcement e.g. witness mum experience negative reinforce when she avoids blood)

Question	Answer	Marks	Guidance
1	Examples: Richard may have developed the blood phobia because it is genetic, and Richard's mother also has the same phobia. (1) Ost found that 61% of participants who had a blood phobia have a parent with a blood phobia. (1) OR Research has found that participants with blood phobia have higher concordance than those with an injection phobia. (1) Richard's phobia could be due to classical conditioning where he learned to associate blood (neutral stimulus) with the unconditioned stimulus of falling off a chair leading to an unconditioned fear response. (1) Richard learned to associate the neutral stimulus (blood) with fear and developed his blood phobia. (1) Richard's phobia of blood has continued due to operant conditioning as he has learned his fear reduces when he avoids blood. (1) This is negative reinforcement where removing an unpleasant experience (fear) means this behaviour will be repeated – Richard will continue to avoid blood. (1) Richard's blood phobia could be due to the fear and pain experienced when cutting himself and this is transferred onto the blood. (1) Richard displaces the fear which is a substitute for cutting himself. (1) Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
2	**The study by Grant et al. (2008) investigated the use of drugs to treat gambling disorder.**		
2(a)	**Outline <u>one</u> way gambling disorder was treated in the study by Grant et al. (2008).** *Annotate with ticks to show where marks awarded.* For each explanation: 1 mark = identification of medication 1 mark = effect of opioid antagonist OR 1 mark = why this helps gambling disorder Example: In the Grant et al. study participants were given opioid antagonists/11almefene/ naltrexone to treat their gambling disorder. (1) Opioid antagonists mean the reward centres are not activated in the brain. (1) Therefore, the gambling addict will experience a lowered desire to gamble as they won't feel rewarded by engaging in the behaviour. (1) Other appropriate responses should also be credited.	**2**	Bind to opiate receptors without activating them. (1)

Question	Answer	Marks	Guidance
2(b)	**Explain <u>one</u> reason why the findings from the study by Grant et al. may <u>not</u> be applicable to everyday life.** Annotate with ticks to show where marks awarded. For each explanation: 1 mark = outline of reason 1 mark = further detail Likely reasons • Not effective for all gambling addicts in the study (e.g. those with family history of alcoholism had a better response) • Side effects from taking drugs (diarrhoea, abdominal pain, headache and skin rash) • Doesn't resolve the reasons for a gambling disorder so gambling addicts may relapse if they stop taking the opioid antagonist. Example: Treating gambling disorders with drugs may not be applicable to everyday life as it does not treat the underlying reasons for the person who has this addiction. (1) Gamblers may experience relapse if they stop taking the opioid antagonists. (1) Other appropriate responses should also be credited.	**2**	

Question	Answer	Marks	Guidance
3	**Jade works in an office and often feels anxious about work. She has stopped attending social events and constantly feels tired. Jade tells her doctor she thinks she has generalised anxiety disorder.**		
3(a)	**Suggest how Jade's doctor would diagnose whether she has generalised anxiety disorder.** *Annotate with ticks to show where marks awarded.* **1 mark per point** **GAD-7 plus** 7 question self-report that rate on 0–3 scale OR 0–3 scale. (1) Example of question (1) Used to refer to psychiatrist/specialist (1) Score over 15 is severe anxiety (1) OR any of the following (max 1) • 0 to 4: Minimal anxiety • 5 to 10: Mild anxiety • 10 to 15: Moderate anxiety • 15 to 21: Severe anxiety **Beck Anxiety Inventory (BAI) plus** 21 items describing common symptoms of anxiety (e.g., nervousness, dizziness, heart pounding). 4-point scale (0–3). 0 to 63. Any of the following (max 1): • 0–7 = Minimal anxiety • 8–15 = Mild anxiety • 16–25 = Moderate anxiety • 26–63 = Severe anxiety	**4**	**Link to ICD – 11 criteria** ICD-11 for Mortality and Morbidity Statistics (who.int) Max 3 if no mention of Jade. Can achieve full marks for either ICD-11, GAD-7, BAI, Clinical interview Max 2 if just identifying the method to get info from Jade – e.g. GAD 7, ICD-11, BAI interview

Question	Answer	Marks	Guidance
3(a)	**ICD-11/(clinical) interview** Does the patient have any of the essential features? 1 mark per feature/symptom OR presented as questions (shown below) doctor could ask – How long has she been feeling anxious before and after work? (needs to be for last several months) Does she feel anxious at other times (is this why she has stopped seeing her friends?) Is she experiencing any physical symptoms when she feels 'anxious', if so, what? (e.g. nausea and/or abdominal distress, heart palpitations, sweating, trembling, shaking, and/or dry mouth.) How does she feel at work? Is she finding it hard to concentrate or irritable. If Jade just feels anxious before and after work and not while at work or going out with friends, then likely to not get a diagnosis of GAD. If, finds out she is anxious at work and this is why she has stopped socialising and this has been going on at work, then likely to get diagnosis of GAD. Example: Jade's doctor will need more information from Jade about her anxiety to make a diagnosis and will use the ICD-11 criteria. (1). The doctor will need to know how long she has felt anxious (needs to be for several months or more) (1). He can also find out if she feels anxious while at work and if this is why she has stopped seeing her friends. (1) He can also give her the GAD-7 to see if she has a high score on this. (1) Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
3(b)	**Jade's doctor diagnoses her with generalised anxiety disorder.** **Explain <u>one</u> reason why the diagnosis given by Jade's doctor is valid** *Annotate with ticks to show where marks awarded* 1 mark = brief explanation why valid 1 mark = more detail of the explanation Likely reasons include: **GAD-7** has good concurrent validity with other measures of generalised anxiety disorder. Good validity as reduces or eliminates bias with interpreting the patient's result as it produces quantitative data. Therefore, more objective. **ICD-11** • the criteria (ICD-11) have been developed by experts in the field and are regularly updated. This improves the validity of the guidelines. • ICD-11 used in many countries around the world to diagnose mental health problems so have good generalisability. Generalised anxiety disorder can be diagnosed in a similar way across around the world. **Psychiatrist referral** and diagnosis (may refer to ICD-11 used by psychiatrist). Expert in the field who specialises in mental health problems so will give a valid diagnosis better than a general doctor.	**2**	No credit for more objective due to quantitative data without referencing the doctor interpreting the response/final score.

Question	Answer	Marks	Guidance
3(b)	Example: The diagnosis of generalised anxiety disorder is valid because the doctor has used the ICD-11 to make this diagnosis and it has been developed by experts in mental health. (1) It is regularly updated as new information is found out about generalised anxiety disorder so can trust that the symptoms given are correct and either match or do not match Jade's symptoms. (1) Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
4(a)	**Describe the following:** • **a study about obsessive-compulsive disorder (OCD) that includes a description of obsessions and compulsions** • **the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS).** Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question. Candidates must discuss both a study that focusses on a type of obsession and compulsion, and the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). The study might be Rapoport (1989) 'Charles' or any other relevant study (e.g. Lehmkuhl et al) with a focus on type of obsession and compulsion. **Study that focusses on a type of obsession and compulsion (a type of OCD)** Rapoport (1989) 'Charles' **Charles – Rapoport** At age 12, Charles began to wash obsessively. By the age of 14 he was washing/showering for 3+ hours per day and spending at least another 2 hours getting dressed. He had elaborated ritualised methods for washing including holding the soap in his right hand and putting it under a running tap for one minute. He then transferred the soap to his left hand away from the tap for another minute. He would repeat this for an hour. Initially Charles' mother discouraged him but over time began to recognise how anxious Charles became she started to clean items in the house with alcohol and then stopped people visiting as they had 'germs' (according to Charles).	**6**	*Annotations:* 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 Plus, overall level at the bottom of the response as follows: 1 or 2 marks = L1 3 or 4 marks = L2 5 or 6 marks = L3 OCD study for L3 need some detail of obsession/compulsion. YBOCs L3 – need an example Q or category e.g. contamination obsessions. If one only states that Y-BOCs is a semi-structured interview= 0 **Lemkhuhl** Lemkhuhl et al. (2008) describe the case study of Jason, an autistic boy with OCD. He had fears of contamination and used hand sanitizer excessively and hand washing rituals. He repeatedly checked food expiration dates, did not sit on chairs or use sheets or pillows. Jason had difficulties at school partly due to being unable to touch paper touched by others. He spent several hours per day at home washing his hands or worrying about 'contaminated' objects in his house (door knobs and bathroom items). Received ERP treatment and Y-BOCs reduced from 18 to 3.

Question	Answer	Marks	Guidance
4(a)	The amount of time getting ready each day led to Charles leaving school as the rituals made it impossible to attend school on time. Charles was in and out of hospital for his condition, utterly obsessed with something sticky on his skin that had to be washed off. Charles underwent a drug trial with the tricyclic antidepressant clomipramine (brand name Anafranil) that led to some relief and he was able to pour honey. However, after about a year, he developed a tolerance of the drug and relapsed to an extent. **Yale-Brown Obsessive-Compulsive Scale (Y-BOCS)** • semi-structured interview • taking about 30 minutes • checklist of different obsessions and compulsions, with a 10-item severity scale • obsessive categories include religious, contamination and aggressive • compulsion categories include counting, hoarding and washing. OR • about obsession or 5 about compulsion • individuals can rate the time they spend on obsessions how hard they are to resist and how much distress they cause. • scores range from 0 (no symptoms) to 40 (severe symptoms) • 16 or above = clinical range for OCD. Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
4(b)	**Evaluate the following, including a discussion about psychometrics:** • **a study about obsessive-compulsive disorder (OCD) that includes a description of obsessions and compulsions** • **the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS).** **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. A range of issues could be used for evaluation here. These include: **Named issue – Psychometrics – Strengths** – Reliable as standardised self-reports given to patient. Quantitative data – comparisons can be made between Y-BOCS such as comparing score to clinical scores, compare changes over time, between patients/different types of OCD. Useful as can track changes while having therapy, for diagnosis. **Weaknesses** – Can lack reliability if different patients may have a different understanding of the questions asked. Lack of validity due to social desirability	**10**	

Question	Answer	Marks	Guidance
4(b)	• Interviews– Interviews are likely to be used in the study and are used in Y-BOCS. Strengths – collect primary data, can build rapport with patient, can ask follow-up questions Weaknesses – problems with reliability if unstructured/semi-structured, patient may feel intimidated by being asked personal questions face-to-face. • Case studies – The studies in the syllabus (Rapoport and Lemkuhl et al.) have just one participant who is male and a child. These cannot be generalised to female and adult participants. The obsessions and compulsions experienced in both cases are also similar. However, every study will focus on specific types of OCD as it would not be possible to include all varieties of OCD and related disorders in the study. These case studies are very detailed and show how the participant overcomes their OCD over the time period of the study (longitudinal). • Quantitative/qualitative data – Case study by Rapoport gathers mostly qualitative data, and Y-BOCS both gather quantitative data with Y-BOCS having the option for qualitative data too. The strengths of quantitative data are the weaknesses of qualitative data. Quantitative data can be easily used to analyse for comparison e.g. use of Y-BOCs with Charles before and after treatment. Weaknesses of quantitative data include the lack of depth. Qualitative data is often more comprehensive (allows individuals to describe their feelings about compulsions in detail in Y-BOCS) however it will not always be helpful to use as a comparison tool.		

Question	Answer	Marks	Guidance
4(b)	• Validity of measure (YBOCs) and study. May discuss types of validity, ecological/population with reference to the study. YBOCs is well regarded and developed measure of OCD so does have good validity unless patient is not honest in their responses. **Other issues could include:** Reductionism versus holism Reliability Ethics Other appropriate responses should also be credited.		

Section B: Consumer Psychology

Question	Answer	Marks	Guidance
5	**Joe sells mobile phones and wants to know how his customers decide which new mobile phone to buy.**		
5(a)	**Suggest how a customer would choose a new mobile phone using utility theory**. *Annotate with ticks to show where marks awarded* 1 mark = definition of utility theory 1 mark = how this applies to choosing a new mobile phone Likely suggestions – • Customer will make the choice based on the best price for the phone/contract as this will lead to a good expected outcome. Interest free loan that is available with the mobile phone would be more likely to be purchased for a customer who needs to pay in monthly instalments. • Customers will choose a mobile phone that has the best features for what they want to use the phone for (e.g. storage, quality of camera, screen size, wide selection of colour choice, warranty/insurance package) • Customer is likely to search over a long period of time and look in many shops and/or websites. • Customer may read reviews of the mobile phone from customers and industry experts. For example, A customer who is using utility theory for making their decision to purchase a mobile phone would choose the phone that provides them with the best quality, price and features. (1) If having a lot of storage space on the phone is important to the customer's needs then they will purchase the phone with the most storage for the best price. (1) Other appropriate responses should also be credited.	**2**	Utility theory – Consumers make rational decisions based on expected outcomes. The better the outcome for the consumer the more likely it is they will want to purchase an item. The higher the utility use for the consumer, the more likely they will decide to make a purchase.

Question	Answer	Marks	Guidance
5(b)	**Suggest how a customer would choose a new mobile phone using satisficing.** *Annotate with ticks to show where marks awarded* 1 mark = definition of satisficing 1 mark = how this applies to choosing a new mobile phone Likely suggestions – • Customer will make the choice based on a limited search of one or two shops/websites to purchase a mobile phone which meets their requirements and is acceptable. The customer won't search widely. • Customers will choose a mobile phone from the phones available at the shop/website. If they want to have a good camera, they will choose the phone with the best camera from the range available in the shop. The mobile phone has a camera that is 'good enough'. • Any example of a feature that might be important to the customer is creditworthy (e.g. storage, quality of camera, screen size, wide selection of colour choice, warranty/insurance package). For it to be satisficing the customer is likely to be selecting one or two features that are the most important to them (e.g. storage space and colour) and accept that the other features might not be as good. For example, A customer who is using satisficing theory for making their decision to purchase a mobile phone would choose the phone that that is good enough from after looking at a small range of mobile phones. (1) For example, if having a large screen is important to the customer, they will likely accept a phone that might not have the best camera. It has the large screen, and the camera is good enough for them. (1) Other appropriate responses should also be credited.	**2**	Satisficing – this is where the consumer satisfies their needs and searches amongst available products until they find an acceptable product. The get approximately where they want to go and then stop. If you were shopping for a new phone, you would try a few and then buy the one that seems 'good enough'.

Question	Answer	Marks	Guidance
6(a)	**Outline what is meant by 'reductionism', including an example from the study by North et al. (2003) on musical style and restaurant customers' spending.** Award 1 mark for an outline of 'reductionism' Award 1 mark for an example from North et al. on musical style and restaurant customers' spending that shows reductionism. Likely answers: Reductionism – explaining something/behaviour in terms of its most basic elements North et al. – the behaviour of spending in the restaurant is explained in terms of the music that is playing in the restaurant with classical music leading to higher spending OR more likely to have starters and coffee when classical music played. Example: The extent to which behaviour can be best understood by reducing it to its component/simple parts. (1) An example from the North et al. study is that customers spent more money (the behaviour) which is explained by the type of music playing (classical music) OR North et al. concluded that that the higher amount of money spent was solely due to the classical music. (1) Other appropriate responses should also be credited.	**2**	

Question	Answer	Marks	Guidance
6(b)	**Explain <u>one</u> strength of reductionism, using an example from the study by North et al. (2003) on musical style and restaurant customers' spending.** *Annotate with ticks to show where marks awarded* 1 mark = brief outline/identification of one strength 1 mark = further detail using example from North et al. study Strengths may include: • Simple to understand what is causing the behaviour – e.g. classical music is causing spending or causing greater purchase of starters and coffee. • Clear practical application – e.g. restaurants should play classical music to increase customer spending. • Allows researcher to do a scientific study that isolates the variable to identify the cause of the behaviour e.g. North et al. were able to isolate the type of music played (classical versus pop music) to test the effect on spending. • Easier to test one variable (music) and the effect on behaviour (spending) rather than trying to investigate many possible causes of behaviour at the same time. Example: One strength of reductionism is that reductionist explanations often have good practical applications. (1) For example, in the North et al. study it suggests that restaurants should play classical music in order to increase their profits which is a simple thing for a restaurant to do. (1) Other appropriate responses should also be credited.	**2**	

Question	Answer	Marks	Guidance
7	**Jing manages a shoe shop and is working on its retail atmospherics to improve shopper pleasure-arousal-dominance.**		
7(a)	**Suggest <u>two</u> ways that Jing could improve the store's retail atmospherics, other than by using music. You <u>must</u> refer to at least one study that investigates the effect of retail atmospherics in your response.** *Annotate with ticks to show where marks awarded* For each suggested reason: 1 mark = outline of way Jing could improve the store's retail atmospherics 1 mark = example from study showing likely effect Likely suggestion – Citrus smell based on Chebat and Michon where shoppers had a better perception of shopping environment and product quality (study did not investigate purchases/amount spent) Design store so that feels less crowded (lots of light/mirrors) – Machleit – crowded shops lowered satisfaction (no reference to pleasure and arousal). Soft/incandescent lights lead to customers seeing the shop and its products as higher quality – Kutlu et al. Light colours led to better brand image (more stylish, luxurious) – Kutlu et al.	**4**	Context = Retail atmospherics = ambience, lighting, smell, layout Can use the same study for both suggestions.

Question	Answer	Marks	Guidance
7(a)	Example – Jing could improve the store's retail atmospherics by having a citrus smell. (1) A study has shown that this smell leads to shoppers having a better perception of shopping environment. (1) She could also have soft lighting. (1) A study by Kutlu found that using this type of lighting led customers to see the shop had better quality products as they would want to purchase high quality items. (1) Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
7(b)	**Outline <u>one</u> problem a psychologist may have when investigating the effect of retail atmospherics.** *Annotate with ticks to show where marks awarded* Award 1 mark for brief outline of the problem Award 1 mark for detail/example. Likely problems – • The psychologist can do a questionnaire or interview with customer on their opinion of the atmospheric. Social desirability or if qualitative data could be bias in interpretation of response. • Difficult to know what the customer is thinking and/or they may not be aware of how they feel about the retail atmospheric. • Difficult to get a wide range of customers from wide range of shops and from different cultures so research may lack generalisability from findings. • Individual differences (= extraneous variable) – could be reasons other than the atmospheric that is influencing the result (e.g. the customer not liking the atmospheric such as not liking the smell of lemon) • Difficult to isolate the atmospheric as the IV and be confident that other factors are not influencing how much consumers spend (e.g. spend is higher around pay day at end of month, before a major holiday) • Lots of factors influence how a customer feels about the store, satisfaction with shopping experience not just the features of the environment such as smell/lighting.	**2**	Context = investigating the effect of retail atmospherics

Question	Answer	Marks	Guidance
7(b)	Example – In order to find out how the customer feels about the atmospheric(s) in the store, the psychologist needs to isolate the atmospheric as the IV and be confident that other factors are not influencing how much consumers spend. (1) It is not possible in a field study to isolate a smell or lighting as the cause of the higher purchasing which could be due to pay day at end of month, before a major holiday. (1) Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
8(a)	**Describe the study by Becker et al. (2011) on food package design and taste perception.** Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question. Details may include: ***Annotate with ticks up to a max of 6.*** ***Add Level at end L1 = 1 or 2 marks, L2 = 3 or 4 marks, L3 = 5 or 6 marks.*** ***In order to achieve full marks, the following must be included:*** 1 **Sample** (1 mark) 2 **Independent variables/conditions** – shape (angular/rounded) and colour saturation (high/low) (1 mark) 3 **Procedure and/or dependent variable(s)** (1 mark) 4 **At least one result** (1 mark) 5 **Plus two additional accurate details** from any category below (2 marks) This ensures candidates cannot obtain full marks simply by listing sample details and results. **Background: (max 1 mark)** • Colour of packaging can have a significant effect on taste perception – adding 15% more yellow to 7-up drink led to participants experiencing it as more lemony. • Angular shapes seen as more associated with toughness and strength whereas rounded with friendliness and harmony.	**6**	This study examines the influence of packaging design on taste impressions. Building forth on research addressing transfer effects of symbolic associations from one sense to another, in this study it was studied if, and to what extent, potency-related associations portrayed by shape curvature and colour saturation of yoghurt packages transfer to subsequent taste experiences. Furthermore, the influence of participants' sensitivity to design was taken into account. Data were collected during a field study in the entrance hall of a large supermarket. Results indicate that associations portrayed by shape curvature in particular transfer to taste experiences, but that these effects are most pronounced for participants with a sensitivity to design. In addition, the findings presented indicate that shape curvature and colour saturation may impact more general product evaluations and price expectations as well.

Question	Answer	Marks	Guidance
8(a)	**Sample: (max 2 marks)** 151 customers 74 male, 77 female; age range 15–81 years; mean age 30.7 years German supermarket Opportunity sample **Method (max 1 mark)** • Independent measures design **Independent Variables / Conditions (max 2 marks)** **IVs** • Shape: angular or rounded. • Colour saturation: high or low. **Conditions** • Angular/high saturation. • Angular/low saturation. • Rounded/high saturation. • Rounded/low saturation. **Measures/DVs (Max 2 marks)** • Taste intensity evaluation/taste experience– 7-point rating scale (1= not at all, 7 = very much) – Likert type • Product evaluation/ attitude towards product – 7-point rating scale • Price expectation – Euros and cents		

Question	Answer	Marks	Guidance
8(a)	**Procedure (max 2 marks)** • Pre-test conducted to identify appropriate yoghurt container shapes. • Told they were taking part in a taste test of a fictional yoghurt brand. • Viewed a 20-second QuickTime movie showing one package design rotating 360°. • Given a sample of lemon yoghurt to taste. • Questionnaire measured taste experience, product evaluation, price expectation and sensitivity to design. **Results (Max 2 marks)** • Angular packaging was perceived as more potent/intense. • Shape and colour had no significant effect on taste experience. • Angular packaging produced more positive product evaluations than rounded packaging. • Angular packaging generated higher price expectations than rounded packaging. • Low colour saturation generated higher price expectations than high saturation. • Colour generally had little effect, except among participants with high design sensitivity. Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
8(b)	**Evaluate the study by Becker et al. (2011), including a discussion about objective and subjective data.** **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. Depending on the examples studied by candidates their answers may vary. A range of issues could be used for evaluation. These include: **Named issue – objective and subjective data** 7 point Likert scale – Can be seen as subjective as participants might interpret the scale differently to each other and many participants will not use 1 or 7 ratings whereas others may. Can be seen as objective as the researchers are not interpreting the responses of the participants so not open to bias. Unlikely to be demand characteristics (making data more objective) as IMD and participants not told true aim of study. **Generalisations from findings** Strengths (can be generalised) Good age range, sample size and mix of participants in terms of gender. Weaknesses (cannot be generalised). From one culture. Germany and one supermarket.	**10**	

Question	Answer	Marks	Guidance
8(b)	**Reductionism versus holism** – Can argue reductionist as just looking at one type of yoghurt and it is the shape of the product causing price expectation, taste experience and product evaluation and ignores other issues – experience of shopping, liking for yoghurt/lemon flavour, etc. Holistic as looks at a variety of shapes, got participant to taste as well as judge shape. **Determinism versus free-will** – Somewhat deterministic as shape causing the results but does acknowledge free-will such as sensitivity of participant. **Validity** Good population validity and good ecological validity. Evaluation should be backed up with clear examples. **Other issues could include:** • Reliability • Ethics • Qualitative and quantitative data • Application to everyday life Other appropriate responses should also be credited		

Section C: Health Psychology

Question	Answer	Marks	Guidance
9	**Suggest how a doctor could use gate control theory of pain to advise a patient on how to reduce their experience of pain.** *Annotate with ticks to show where marks awarded.* 1 mark per point: • Close the gate to reduce pain. • Increase large pain fibre **activity** and decrease small • Rub the area where the pain is • Pain relief medication will fully/partially close the gate or cause fewer pain signals to be sent to brain. • Can use psychological treatments to close the gate and reduce pain. • Attention diversion, non-pain imagery and cognitive redefinition – 2 marks max for each • TENS – reduce pain signals that go to the brain. Pain normally goes through the gate and sends the signal to brain. Electrical impulse from TENs stops the pain from going to brain in the first place. (2 marks max)	**4**	Can be 1 or more suggestions Gate control theory Melzack and Wall (1965) proposed that the spinal cord contains a 'gate' that either prevents pain signals from entering the brain or allows them to continue. This explains why our emotional state, or our expectations affect how much something hurts. The gating mechanism occurs in the dorsal horn of the spinal cord, where both small nerve fibres (pain fibres) and large nerve fibres (fibres from touch, pressure etc) carry information to. When there is more large fibre activity compared to small fibre activity people experience less pain (the pain gates are closed) when there is more small fibre activity, pain signals can be sent to the brain so that pain can be perceived (the pain gates are open). This explains why we rub injuries after they happen as this increase in normal touch sensation (large fibres) inhibits the activity of the pain fibres (small fibres) so perception of pain is reduced.

Question	Answer	Marks	Guidance
9	Example: A doctor can advise a patient that pain relief medication will reduce pain due to gate control theory. Anti-inflammatories reduce swelling, and it is the swelling that leads to pain signals crossing the gate and going to the brain. Also, fewer pain signals will be sent from the less swollen part of the body (1) (through the gate) to the brain. (1) The doctor could also explain that attention diversion/distraction will reduce pain as the brain will be distracted and pay less attention to all of the pain signals that have been received. (2) Attention diversion will need to be practised as it can be difficult. (1) Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
10(a)	**Outline how a practitioner would use the clinical interview to measure pain.** 1 mark = definition of clinical interview 1 mark = how it would measure pain Example: Clinical interview is a semi or unstructured conversation/interview between practitioner and patient in order to discuss symptoms leading to a diagnosis and/or discuss treatment options. (1) How measure pain = A self-report technique involving a dialogue between practitioner and patient to help with measurement/diagnosis of pain. (1) Patient can elaborate on their pain symptoms and describe in their own words. (1) Other appropriate responses should also be credited.	**2**	Context – measure of pain

Question	Answer	Marks	Guidance
10(b)	**Explain <u>one</u> reason why the clinical interview to measure pain uses the idiographic approach.** *Annotate with ticks to show where marks awarded.* 1 mark = brief outline of idiographic 1 mark = further detail/explanation in context of clinical interview to measure pain Idiographic approach = The extent to which psychology seeks to capture the uniqueness of an individual and their subjective experience. And/or collects in-depth/qualitative data Likely reasons may include - • Will collect a lot of qualitative data from the patient during the interview to get an in-depth understanding of the pain, • Can ask follow up questions during interview if semi structured or unstructured to understand how the pain has developed, treatments tried by patient with outcomes • Can come to an understanding of the individual experience of pain for each patient and tailor treatments. Example: One reason why the clinical interview to measure pain is from idiographic approach is because it is an in-depth meeting asking open questions between the practitioner and the patient. (1) The practitioner will be able to ask questions to get an understanding of the patient's unique and individual experience of pain. (e.g. intensity, location, duration, treatments tried, psychological effects of pain, etc). (1) Other appropriate responses should also be credited.	**2**	

Question	Answer	Marks	Guidance
11	**Rabia is the manager of a grocery store and wants to improve the health and safety of her workers.**		
11(a)	**Suggest how Rabia can improve the health and safety of her workers, using your knowledge of a study that investigates health promotion in worksites.** *Annotate with ticks to show where marks awarded.* *Max 3 marks for suggestion* *Max 2 mark for link to study* Likely suggestions • Token economies with reference to Fox et al./ process of token economies • Training with emphasis on why important to engage in safe work practices. Departmental safety records posted for all employees to see. Employees who engaged in safe work practices given public recognition by management. Results = significant decline in work related accidents over 25 weeks. When programme discontinued accidents increased and then decreased when reinstated. (Komaki et al. 1978) Suggestion(s) can be to improve health of workers and/or improve safe working practices in a grocery store linked to a study of health promotion.	**4**	1 or more suggestion is allowed. Token economy only identified = 0 Fear arousal can receive credit but **must** use minimal fear with the grocery store workers to receive any credit Health belief model is not creditworthy as not a study. Max 3 marks if not specific to a grocery store. No credit for anecdotal suggestions.

Question	Answer	Marks	Guidance
11(a)	Example: Rabia can introduce a token economy system in the grocery store to improve safety and therefore improve health. Tokens can be given for using equipment safely (1) such as wearing gloves when handling food to not contaminate the food, (1) putting up a sign 'wet floor' after mopping to avoid falls by staff and/or customers. (1). Tokens can be exchanged for any of the products in the grocery store. (1) This system will encourage safe working practices by Rabia's employees as they will want to get a token (this reward/positive reinforcer). (1) Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
11(b)	**Explain <u>one</u> practical problem that Rabia could have when implementing your suggestion from <u>11(a)</u>.** *Annotate with ticks to show where marks awarded* Award 1 mark for brief outline of the problem Award 1 mark for detail/example. Problems may include: • Workers may only engage in safe behaviour (e.g. using machinery like meat slicer) only when Rabia is around to receive token. • Rewards (e.g. food) may not be valued by the staff – the study by Fox et al. had more valuable rewards. • Not fostering intrinsic motivation – not behaving safely at work because the worker wants to avoid injury to themselves. • Can be expensive for the grocery store as the items that are available to exchange for the tokens will need to be purchased. Example: One practical problem of using a token economy in the grocery store is that the workers only engage in the safe behaviour when Rabia/manager is around to get the token. (1) This means that accidents could still happen at the grocery store as the safe behaviour hasn't become part of the workers' natural behaviour. (1) Other appropriate responses should also be credited.	**2**	Can credit a practical problem with an anecdotal suggestion from **11(a)** up to full marks.

Question	Answer	Marks	Guidance
12(a)	**Describe the following:** • **a study about improving adherence to medical advice in children** • **contracts and prompts as individual behavioural techniques to improve adherence to medical advice.** Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question. The response must describe a study about improving adherence in children. This may be Chaney et al. or any other with children (up to 17 years). The response should also describe contracts and prompts to improve adherence. A study that investigates one or both of these in terms of improving adherence is creditworthy. Details may include: **Chaney et al. (2004)** A sample of 32 Australian children (10m, 22f, age range 1.5–6 years; mean age 3.2 years) suffering from asthma for a mean duration of 2.2 years. 72 children in total. There was **no separate control group**; each child's usual spacer device acted as the comparison condition. Questionnaires were completed after the use of the Breath-a-Tech and then after use of the Funhaler over sequential two weeks. The Funhaler provides the child with an incentive to take their medication as correct usage 'rewards' the child with a spinning disc and a whistle.	**6**	*Annotations:* 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 Plus, overall level at the bottom of the response as follows: 1 or 2 marks = L1 3 or 4 marks = L2 5 or 6 marks = L3 For study on improving adherence in children need a result for L3. Allow Yokley and Glenwick (1984) Must cover both contracts and prompts for L3

Question	Answer	Marks	Guidance
12(a)	There was no significant difference in the quantity of medication delivered by the two devices. In terms of adherence to the drug, 38% more parents medicated their child on the previous day using the Funhaler compared to those using the standard Breath-a-Tech method. 60% more children adhered to the recommended dosage of 4 or more cycles of drug deliver with the Funhaler compared to the traditional method. Parents reported greater success in administering medication and more positive attitudes towards treatment. The findings suggest that **positive reinforcement** can improve adherence to medical treatment in children. **Contracts and prompts as individual behavioural techniques to improve adherence** **Contracts** = agreed between patient and practitioner as patient's agreement to follow treatment programme. e.g. 1 tablet, 3 times per day. Return in 6 weeks to do a blood test to see how well treatment is working. Could also be dietary/exercise agreements or agreements to attend specialist appointments e.g. physiotherapy. Evidence shows contracts very effective early in treatment but little evidence of long-term improvement. **Prompts** – A reminder is sent to the patient to remind them about their treatment. e.g. email/text message to remind patient to make an appointment, collect repeat prescription, book blood test, reminder of appointment time. Effective when main cause of non-adherence is forgetfulness. Research found that one text message per day was helpful with non-compliant patients as the text was just a reminder to use medication. Many of these patients were forgetful and the prompt helped them. Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
12(b)	**Evaluate the following, including a discussion about reliability:** • **a study about improving adherence to medical advice in children.** • **contracts and prompts as individual behavioural techniques to improve adherence to medical advice.** **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. A range of issues could be used for evaluation. These include: • **Named issue – Reliability-** responses will vary depending on study used in part (a). Experiments are more reliable than observations as more controls (examples should be included from the study) Weaknesses are that by attempting to make the study reliable through controls the study can lose ecological validity/participants respond to demand characteristics. • **The prompt and/or reminders is also reliable –** although this is just whether the same type of reminders/contract can be given to patients and they can while also be personalised for the patient's needs. • Application to everyday life – Funhaler is easy to use and shown that children can use it appropriately. Prompts and reminders also useful as can be done with patients to improve adherence. Can set these up with most members of staff in a clinic so don't have to use valuable time of practitioner such as a GP.	**10**	Generalisability to adults is not a creditworthy issue for Chaney et al. as the intended purpose of the study/Funhaler is for it to be an effective medical device for children.

Question	Answer	Marks	Guidance
12(b)	• Experiments – Chaney is a field experiment – strengths and weakness of this method or the method used in the study selected. • Generalisations from findings – Responses will vary depending on sample used in study. Chaney et al. had a good age range of Ps (1.5 to 6 years) and mix of genders. All from Australia. May be issues depending on type of health care system in country (e.g. ease of access, cost of treatment). Prompts and contracts – may be something regularly used in country so generalisable or if a new system may respond due to unique experience. Can't generalise as easily to countries that have much more limited access to healthcare. • Validity –Responses will vary depending on study used. Watt et al. good validity – matched pairs design, good ecological validity. Weaknesses around validity – demand characteristics/social desirability, study is two weeks so may have increased use of Funhaler in short term only due to increased interest from child. Prompts and contracts – may be something regarding whether the prompt and/or contract are seen by patient, effect patient, etc. **Other issues could include:** • Ethics • Determinism versus free-will • Practical problems with treatment/methods for improving adherence. Other appropriate responses should also be credited.		

Section D: Organisational Psychology

Question	Answer	Marks	Guidance
13	**Hari is the manager of a sales team and wants to help his workers to meet their 'love and belonging (social)' needs from Maslow's hierarchy of needs.** **Suggest <u>two</u> ways that Hari could help his workers in the sales team to meet their 'love and belonging (social)' needs at work.** *Annotate with ticks to show where marks awarded.* For each suggestion: 1 mark = outline of suggestion appropriate to 'love and belonging' 1 mark = further detail Possible suggestions - • Opportunities for sales team to work together on projects. • Social events for the members of the sales team. • Training events for sales team to interact and bond with each other. • Peer support – have members of the sales team work together in smaller groups to support each other (helping to plan goals/targets, how to meet deadlines). This is not mentoring which might be done as a pair with a manager and worker but instead peer to peer support with a group of 3 or more from the sales team. • Feedback from Hari given to the whole team rather than to individuals to increase sense of belonging.	**4**	The need to interact and feel accepted by others. Feel a sense of belonging to a group. This helps to reduce loneliness, anxiety and depression. Needs for love, affection and belongingness. When the needs for safety and for physiological well-being are satisfied, the next class of needs for love, affection and belongingness can emerge. Maslow states that people seek to overcome feelings of loneliness and alienation. This involves both giving and receiving love, affection and the sense of belonging.

Question	Answer	Marks	Guidance
13	Example: Hari could set up a project to increase sales and ask the whole team to work together towards achieving this project. (1) They could organise themselves and divide the tasks for the project up amongst the team, so they feel that they are working together towards a goal rather than individually being given tasks to do. (1) Hari could organise social events for his team. (1) This gives the sales team the chance to interact with each other doing a fun event such as a games night to increase their sense of belonging to a group and acceptance by the group. (1) Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
14(a)	**Outline what is meant by groupthink in relation to faulty decision making.** *Annotate with ticks to show where marks awarded.* 1 mark – definition of groupthink 1 mark – link to faulty decision-making Example: Groupthink is where a group's desire for agreement overrides evaluation of alternative viewpoints. (1) This can lead to faulty decision making because group members fail to consider all available information/alternative courses of action. (1) Groupthink is where a group has a strong desire for consensus. (1) Can lead to faulty decision making as once an agreement begins to form between a few group members there is pressure for the whole group to agree with this agreement and not discuss alternative views. (1) Other appropriate responses should also be credited.	**2**	Can credit descriptions of causes or examples of groupthink (e.g. self-censorship, illusion of unanimity, direct pressure to conform) provided the response makes a clear link to why this results in faulty decision making. Types • Illusion of invulnerability • Unquestioned beliefs • Rationalising • Stereotyping (where alternative views are labelled as belonging to the outgroup) • Self-censorship (no one else is expressing our doubts so be censor our doubts) • Mind guards (certain group members are self-appointed censors and hide problematic info from group) • Illusion of unanimity • Direct pressure to conform.

Question	Answer	Marks	Guidance
14(b)	**Explain <u>one</u> reason why groupthink is a situational explanation of faulty decision making.** *Annotate with ticks to show where marks awarded.* 1 mark = brief outline of situational 1 mark = further detail/explanation in context of groupthink and faulty decision-making Situational explanation: where external events are the cause of behaviour. Explanations might include: Situation of the group is causing the faulty decision making. • including lack of questioning within the group, • stereotypical views expressed by a number of group members, • members of group are not expressing their views (self-censorship) • ignoring/dismissing alternative views expressed (mind guards), etc. Example: Groupthink as an explanation for faulty decision making supports the situational explanation as it is the group that is causing the faulty decision rather than an individual in the group. (1) When group members express their views, other group members do not question this which is an external event that can mean that this lack of questioning leads to the faulty decision. (1) Other appropriate responses should also be credited.	**2**	

Question	Answer	Marks	Guidance
15(a)	**A manager wants a new marketing team to design an advertising campaign.** **Using 'stages of group development' model:** **Suggest <u>two</u> stages that the marketing team will go through as they work together on the advertising campaign.** *Annotate with ticks to show where marks awarded.* For each suggestion: 1 – outlining the stage 1 – how the marketing team would work together at this stage on marketing campaign Content – Forming, storming, norming, performing and adjourning. Example: Forming – this is where members of the marketing team come together to *develop ideas* for the advertising campaign. (1) They may decide who will lead the team, who will take notes, etc. (1) They will discuss and decide the rules they will follow while working on the advertising campaign. (1) Storming – The group hasn't yet established their identity as a group so conflict can arise at this stage. (1) They may argue about different ideas for the campaign, and which one is the best one. (1) Norming – The marketing team now feel like they are a team, and they begin to bond together. (1) They can begin to listen to what others are saying as they develop strategies for the campaign. (1).	**4**	The response does not need to identify the stage so long as it describes the stage and what happens during it.

Question	Answer	Marks	Guidance
15(a)	Performing – At this stage the group is performing at their highest level. (1) They begin to work together and can agree on which advertising ideas are the best, types of media to use for advertising. (1) The marketing team members are self-reliant and confident in their problem-solving skills around any issues that arise with the advertising campaign. (1) Adjourning – The team will disband when they have finished the advertising campaign. (1) They will assess how well they worked as a group and what they could do to improve in the future or if a different group works on a campaign for the company, (1) Other appropriate responses should also be credited		

Question	Answer	Marks	Guidance
15(b)	**Explain <u>one</u> weakness of 'stages of group development'.** *Annotate with ticks to show where marks awarded* Award 1 mark for brief outline of the weakness Award 1 mark for detail/example. Weaknesses may include: • Ignores differences between different types of teams Type of task they are working on. Type of workers (e.g. all of the same level or some managers and some workers) Type of organisation • Deterministic – All groups will go through these five stages in the order given (although it is suggested that teams can regress back from norming to storming and then back to norming) • The theory was originally developed to understand the work of small groups – may not apply to large groups. • Teams may all be working remotely/in different offices at different locations and this theory may not apply to these groups (original theory from the 1970s) • No time scale is given for how long each stage should last.	**2**	

Question	Answer	Marks	Guidance
15(b)	Example: The stages of group development do not consider that groups/teams in organisations are formed to work on a very large variety of tasks. (1) Some groups might form for a day to work on a simple project whereas others could be together for months working on a task. This stage of group development doesn't explain how the type of task might affect the stages. (1) For example, a group working on a small task might not go through the storming stage as they must quickly work towards the end of the task. (1) Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
16(a)	**Describe the following about attitudes to work:** • **workplace sabotage including methods and reasons for sabotage** • **Blau and Boal's absenteeism and organisational commitment model.** Use Table A: AO1 Knowledge and understanding to mark candidate responses to this question. Candidates must discuss both workplace sabotage including methods and reasons for sabotage, and Blau and Boal's absenteeism and organisational commitment model. They can include examples of studies e.g. Giacalone and Rosenfeld reasons for sabotage in the workplace. Answers may include: **Workplace sabotage including methods and reasons for sabotage** Sabotage is where a worker purposefully harms the organisation as a way of getting back at the organisation – deliberately try to stop work from taking place. Dubois identified three types/methods – slowing down production, stopping production, destruction of machinery/goods. Giacalone and Rosenfield identified reasons for sabotage into two categories – retaliation (getting back at the organisation due to injustice felt by employee) and restoration equity (feels that the reward such as pay is not high enough for the work they have put in so sabotage restores this equity in the mind of the employee)	**6**	*Annotations:* 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 Plus, overall level at the bottom of the response as follows: 1 or 2 marks = L1 3 or 4 marks = L2 5 or 6 marks = L3 L3 for sabotage must cover both methods and reasons for sabotage

Question	Answer	Marks	Guidance
16(a)	**Workplace sabotage (Giacalone and Rosenfeld, 1987)** 38 Unionised factory workers in an electrical factory rated reasons that would justify the use of sabotage. Given list of sabotage methods and asked to rate them on a scale of 1–7 (totally justifiable). High-reason acceptors justified production slowdowns more than low-reason acceptors. High-reason acceptors also justified destruction (machinery, premises, etc.) more than low-reason. All (high and low) did accept a variety of reasons for sabotage justified all forms except dishonesty. Methods of sabotage included slowdowns, destructiveness, dishonesty and causing chaos. **Blau and Boal's absenteeism and organisational commitment model (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. Other appropriate responses should also be credited.		

Question	Answer	Marks	Guidance
16(b)	**Evaluate the following about attitudes to work, including a discussion about reductionism versus holism:** • **workplace sabotage including methods and reasons for sabotage** • **Blau and Boal's absenteeism and organisational commitment model.** **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. A range of issues could be used for evaluation. These include: • **Named issue –** Reductionism versus holism – Sabotage – more holistic and lots of reasons given for causes and types of sabotage. Blau and Boal also holistic and different types of involvement/commitment given. Can argue reductionist with examples of things not considered – e.g. for sabotage certain types of personalities/people may be more prone to committing sabotage regardless of how they are treated by the organisation. • Individual versus situational explanations – Sabotage – can be considered situational as the employee feels the desire to sabotage due to things that have happened at work (examples are creditworthy). Can also be individualistic as many employees will not respond with sabotage to these events at work and some will. Blau and Boal is individual as different employees will have different levels of commitment/involvement to the organisation. (examples are creditworthy). Could argue situational as some companies will create opportunities for involvement from employees and others will not.		

Question	Answer	Marks	Guidance
16(b)	• Generalisations from findings – Giacalone and Rosenfeld study looked at unionised workers in a factory. This can only be generalised to this type of setting and these type of workers. It may be easier to sabotage at a factory where there is machinery than in an office environment. Blau and Boal Is a theory about absenteeism so could be generalised to Western employee. • Idiographic versus nomothetic – Sabotage – nomothetic as these are the general laws that explain why sabotage occurs and different types of sabotage. However, idiographic as a specific act of sabotage will be unique to the person and situation. The reasons given by the employee could fall under act of revenge but the specific desire for revenge will be individual. Blau and Boal also have a nomothetic theory as this explains absenteeism and turnover due to levels of commitment/job involvement. Doesn't consider that level of commitment and job involvement could change within an employee depending on the project/job they are doing, over time, due to external life events, etc. • Application to everyday life – Sabotage – no suggestions are given for how to handle sabotage (e.g. what sort of punishment should be given to a worker) or how to prevent sabotage. However, it does give the reasons for sabotage and can be clear to organisations how to reduce these reasons in their workplace (retaliation – could have regular meetings with employees/union representatives to give them the opportunity to address grievances and/or have a grievance policy that outlines for the worker what to do if their do have a grievance).		

Question	Answer	Marks	Guidance
16(b)	**Other issues could include:** • Application to everyday life • Evaluation of method/data collection use in study(ies) • Other appropriate responses should also be credited.		