Cambridge Assessment International Education

Cambridge International AS & A Level

PSYCHOLOGY **9990/31**

Paper 3 Specialist Options: Approaches, Issues and Debates **May/June 2025**

1 hour 30 minutes

6822033100

You must answer on the enclosed answer booklet.

You will need: Answer booklet (enclosed)

INSTRUCTIONS

- Answer **eight** questions in total:
  - Answer questions from **two** options.
  - Answer **all** questions from the options you have studied.
- Follow the instructions on the front cover of the answer booklet. If you need additional answer paper, ask the invigilator for a continuation booklet.

INFORMATION

- The total mark for this paper is 60.
- The number of marks for each question or part question is shown in brackets [ ].

This document has **8** pages. Any blank pages are indicated.

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Answer questions from **two** options.
Answer **all** questions from the options you have studied.

Section A: Clinical Psychology

Answer **all** questions.

1 Mahmoud has schizophrenia. His doctor suggests cognitive-behavioural therapy (CBT) to help manage Mahmoud's positive symptoms.

Suggest how CBT could be used to help Mahmoud manage his positive symptoms of schizophrenia. [4]

2 **(a)** Outline Miller's feeling-state theory of impulse control disorders. [2]

(b) Explain **one** reason why Miller's feeling-state theory could be considered holistic. [2]

3 Emi was unfairly dismissed from her job at a factory which she was very upset about. Afterwards, she started a fire at the factory, which made her feel better. Later she felt very anxious and purchased matches to relieve this anxiety. As she watched each match burn, she felt better. Although Emi has a new job in a shop, she is distracted by thoughts of starting a fire there. These thoughts make her feel very excited.

(a) Using the diagnostic criteria (ICD-11) for pyromania:

(i) Suggest **one** reason why Emi may be diagnosed with pyromania. [2]

(ii) Suggest **one** reason why Emi may **not** be diagnosed with pyromania. [2]

(b) In relation to pyromania, Emi meets some of the diagnostic criteria and not others.

Explain **one** other problem a doctor could have when making their diagnosis of Emi. [2]

4 **(a)** For the treatment and management of obsessive-compulsive disorder (OCD):

Describe SSRIs and exposure and response prevention (ERP). [6]

(b) For the treatment and management of obsessive-compulsive disorder (OCD):

Evaluate SSRIs and exposure and response prevention (ERP), including a discussion about the use of children in research.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates. [10]

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Section B: Consumer Psychology

Answer **all** questions.

5 A shop has been receiving complaints about their virtual store layout. The shop currently has a racetrack layout.

Suggest **two** ways that the shop could change their virtual store layout that could reduce complaints. [4]

6 **(a)** Outline what is meant by free-will, including an example from thinking slow (system 2) in consumer decision-making. [2]

(b) Explain **one** problem a psychologist may have when they investigate whether consumers use free-will when deciding to purchase products. [2]

7 Sally and Dan want to buy new running shoes. They go to many stores and consider lots of different shoes. Sally returns to the first shop and buys her running shoes. Even though he has seen many different brands, Dan buys the brand he has worn for the past few years.

(a) **(i)** Outline the choice heuristic used by Sally. [2]

(ii) Outline the choice heuristic used by Dan. [2]

(b) Outline **one** problem a psychologist may have when deciding which choice heuristic consumers are using when purchasing a product. [2]

8 **(a)** Describe what psychologists have discovered about:
- gift-wrapping including beliefs of giver and recipient, and
- attention and shelf position. [6]

(b) Evaluate what psychologists have discovered about:
- gift-wrapping including beliefs of giver and recipient, and
- attention and shelf position,

including a discussion about generalisations from findings.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates. [10]

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Section C: Health Psychology

Answer **all** questions.

9 Suggest why a doctor might make a false positive diagnosis. [4]

10 **(a)** Outline what is meant by the nomothetic approach, including an example from a study on preferences for practitioner clothing in non-verbal communication with patients. [2]

(b) Explain **one** weakness of using a nomothetic approach to understand preferences for practitioner clothing in non-verbal communication with patients. [2]

11 Dr Smith has patients who do not adhere to his instructions for taking their medication.

(a) Suggest **two** ways Dr Smith could measure whether his patients adhere to his instructions for taking their medication. [4]

(b) For **one** of your suggestions in part **(a)**:

Explain **one** problem that Dr Smith might have with this way of measuring whether his patients have adhered to his instructions for taking their medication. [2]

12 **(a)** Describe the study by Bridge et al. (1988) on relaxation and imagery in reducing stress during medical treatment. [6]

(b) Evaluate the study by Bridge et al., including a discussion about field experiments.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates. [10]

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Section D: Organisational Psychology

Answer **all** questions.

13 A manager has changed the working hours in a factory. Some workers are tired when they arrive at work due to this change and have made mistakes on the production line.

Suggest how the manager could use **two** of Heifetz's six principles in meeting adaptive challenges to help the workers at the factory adjust to the change in working hours. [4]

14 **(a)** Outline what is meant by the nature versus nurture debate. [2]

(b) Explain **one** reason why Scouller's levels of leadership theory supports the nurture side of the nature versus nurture debate. [2]

15 Tricia and Margot are in a team working on a leaflet for a company. Tricia will design the leaflet. Margot will check the leaflet for any errors before it is published.

(a) **(i)** Suggest which **one** of Belbin's team roles is **most** appropriate for Margot, who checks the leaflet. Justify your answer. [2]

(ii) Suggest which **one** of Belbin's team roles is **most** appropriate for Tricia, who designs the leaflet. Justify your answer.

Do not use the team role you suggested in part **(a)(i)** in your answer. [2]

(b) Explain **one** problem with Belbin's nine team roles. [2]

16 **(a)** Describe what psychologists have discovered about:
- extrinsic motivators at work, and
- Deci and Ryan's self-determination theory. [6]

(b) Evaluate what psychologists have discovered about:
- extrinsic motivators at work, and
- Deci and Ryan's self-determination theory,

including a discussion about individual and situational explanations.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates. [10]

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Surname	StemUp Model Solution
Answer booklet	Write the question number in the left-hand margin at the start of each answer.

Question number

Answers for paper 9990/31

Section A: Clinical Psychology

1 CBT could help Mahmoud manage a positive symptom such as a delusion, e.g. believing he is being followed. First he would build a trusting relationship with the therapist, then have psychoeducation, where he and his family learn what schizophrenia is and that his delusions and hallucinations are symptoms, not real events.

In cognitive restructuring, Mahmoud discusses what his delusion is and why he believes it. Between sessions he keeps a diary of when the delusion occurs and how it makes him feel and behave. The therapist helps him test the belief and think of more realistic alternative explanations, e.g. that the person behind him is just walking the same way. When he feels anxious he can use these alternative thoughts and relaxation techniques, so he acts on the delusion less. Sensky et al. found CBT reduced positive symptoms as much as befriending at the end of treatment, but only the CBT group kept the improvement at the 9-month follow-up.

2(a) Miller's feeling-state theory says that intense positive feelings become linked with a specific behaviour, e.g. gambling or setting fires. This feeling-state (the positive emotions, thoughts and physiological arousal of that moment) is stored in memory, so the person repeats the behaviour to experience the feeling-state again, which produces the impulse control disorder.

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2(b)	Holism means understanding behaviour by looking at the whole person and how the parts work together. Miller's theory is holistic because it explains impulse control disorders as one integrated experience: the emotions, the physiological arousal and the memory (cognitions) of the feeling-state combine to make the person repeat the behaviour, rather than explaining it by emotion or arousal alone.
3(a)(i)	Emi shows a persistent fascination or preoccupation with fire, one of the ICD-11 criteria: she watches each match burn and, even in her new job, she is distracted by thoughts of starting a fire. She also feels tension before (anxiety) and relief or excitement during and after fire setting, which also fits the criteria.
3(a)(ii)	ICD-11 requires a lack of apparent motive for the fire setting, e.g. not revenge. Emi set the factory fire after being unfairly dismissed, so she may have had a revenge motive. Also, she has only set one actual fire, not the multiple acts of fire setting the criteria require.
3(b)	Setting fires is illegal, so Emi may not be honest with the doctor; she may hide that she set the factory fire or that she is thinking about starting a fire at the shop, as this could get her into trouble. The doctor would then not know the full extent of her fire setting and preoccupation, so cannot judge accurately whether she meets criteria such as multiple acts or persistent thoughts.
4(a)	SSRIs (selective serotonin reuptake inhibitors, e.g. fluoxetine) are the main drug treatment for OCD. They block the reuptake of serotonin into the presynaptic neuron, so more serotonin stays in the synapse and serotonin levels in the brain rise. A higher dose is usually given than for depression. This lessens the anxiety caused by the obsessions, so the patient no longer needs to perform compulsions such as hand washing to relieve it. Soomro et al. carried out a meta-analysis of 17

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studies (3097 participants) and found SSRIs were more effective than a placebo, reducing Y-BOCS scores.

In exposure and response prevention (ERP), the patient and therapist identify the obsessions and the compulsions they lead to and build a hierarchy of situations that trigger them, from least to most anxiety provoking. The patient is exposed to each situation, in sessions or as homework, but is prevented from performing the compulsion, using coping statements while anxiety is high. They learn that the anxiety falls on its own, so over time the anxious response is unlearned.

Lehmkuhl et al. (2008) treated Jason, a 12-year-old boy with autism and OCD, with CBT using ERP over 10 sessions. In exposure he touched objects he found difficult, such as elevator buttons and door handles, and in response prevention he used coping statements instead of compulsions. His Y-BOCS score fell from 18 to 3.

4(b) Using children in research has strengths. Lehmkuhl et al. treated a 12-year-old, which shows OCD can be tackled early, before the compulsions become deeply embedded patterns, and that ERP can be adapted to a child with autism. Consent was obtained from his parents, the treatment can be explained to a child old enough to understand, and he benefited, as his Y-BOCS score fell from 18 to 3. However, there are weaknesses. Young children may find ERP very upsetting and may not understand that their anxiety will fall, and they may find it hard to explain their thoughts or use coping statements. SSRIs can have stronger side effects in children, so drug research with children raises ethical concerns and needs careful monitoring.

Lehmkuhl et al. was a case study. It gave in-depth, longitudinal data, so his improvement could be tracked before and after therapy. But with one participant, findings cannot be generalised to adults or to children without autism, and the therapist was closely involved, so the results may be biased.

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In contrast, Soomro et al.'s meta-analysis of 3097 participants is far more generalisable. SSRIs are also reliable, as they follow a set schedule, starting on a low dose and increasing, and ERP has a standard outline that each patient follows. However, patients respond differently, so schedules must be adjusted.

Ethically, SSRIs can cause side effects and withdrawal symptoms when stopped, whereas ERP does not. SSRIs also treat the symptoms but not the learned link between obsession and compulsion, so relapse is likely when the drug stops, as with Rapoport's case of Charles, who developed tolerance to clomipramine and relapsed.

In terms of individual and situational explanations, ERP is situational, as the patient unlearns anxiety by experiencing the situations, but it is also individual, as the hierarchy is tailored to each patient's obsessions. ERP may also be seen as a Western therapy, and stigma about sharing obsessions with a stranger could limit its use in some cultures, while SSRIs work similarly across cultures.

Overall, both treatments are effective, but ERP may be preferred for children, as it avoids side effects and tackles the cause of the behaviour, if the child is old enough to cope with it.

Section B: Consumer Psychology

5

First, the shop could change to a freeform virtual layout. Research (Vrechopoulos et al.) found freeform was seen as the most useful for finding items on a shopping list and the most entertaining, so customers could easily find what they planned to buy and would complain less.

Second, the shop could change to a grid layout, which was found to be the easiest to use. It is the least engaging, so it is the fastest way to find products. Customers who want to shop quickly would find their items without searching around a racetrack, which should reduce complaints.

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6(a)	Free-will is where behaviour is due to the individual's own choice, so it is self-determined, not caused by outside factors. Thinking slow (system 2) shows free-will because the consumer chooses to spend time deliberately, e.g. shopping around and researching several products to find a good price before buying.
6(b)	It is difficult to know whether a consumer's decision is due to free-will or to an external factor. For example, if a consumer sees an advert for a product and then buys it, the psychologist cannot tell whether the purchase was caused by the advert or was the consumer's free choice, as they cannot see what the consumer is thinking.
7(a)(i)	Sally used the anchoring heuristic. She was influenced most by the first piece of information she received: the first shoes she saw became the reference point she compared all the others with, so she went back to the first shop to buy them.
7(a)(ii)	Dan used the recognition heuristic. He chose the brand that was familiar to him because he has worn it for years, so he knows and trusts it, and that familiarity gives it more value to him than the unfamiliar brands.
7(b)	Consumers may give a socially desirable answer when asked why they bought a product. For example, a consumer may say they compared shoes on price and quality because this sounds better than admitting they simply bought the first pair they saw, so the psychologist may wrongly decide which heuristic was used.
8(a)	Gifts are wrapped to show that what is given is a gift and something special. The giver chooses wrapping to suit the occasion, and a gift can be unwrapped, wrapped in a non-traditional way or wrapped traditionally. Howard (1992) promised 45

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university students a gift for evaluating products. Half received the gift (a sheepskin bicycle seat cover) wrapped in decorative paper with a ribbon and half received it unwrapped. The wrapped gift was rated more favourably (mean 7.14) than the unwrapped one (6.06). In a second experiment, students who believed the gift was for themselves rated it more positively when wrapped, but those who thought it was for someone else showed no difference.

Porublev et al. (2009) used observations at a Christmas gift-wrapping stall, 20 in-depth interviews and 6 workshops where pairs wrapped one gift for someone close and one for an acquaintance. Participants from Victoria, Australia, aged about 25 to 35, preferred to receive wrapped gifts and had clear expectations about what a gift should look like.

Shelf position affects attention and purchase. Planograms show where products should be placed. The central gaze effect is that consumers look longer at products in the centre and are more likely to choose them. Atalay et al. (2012) used eye tracking with French undergraduates who viewed brands of vitamins and meal replacement bars in a 3 × 3 matrix on screen. Central brands received more eye fixations and were looked at for longer. In a shelf study with energy drinks, the central brand was chosen more often even when it was not in the centre of the visual field, although it was not always the most positively evaluated.

8(b) Generalising from the findings is limited. Atalay et al. used undergraduates in France and Canada, who are young and may shop differently from older consumers with families. Porublev et al. sampled only 25 to 35 year olds from Victoria, Australia, with more women, so the findings may not apply to other ages or cultures, where gifts are wrapped differently or not wrapped at all. However, there are strengths: Porublev selected a cross section of Australian society and included more women because they are more involved in gifting, which makes the sample representative of gift givers, and Atalay had reasonable sample sizes over several

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studies, so the central gaze effect was replicated, which increases confidence in generalising it.

Atalay's eye tracking gives objective, quantitative data, as it measures exactly where participants looked, so it is valid and reliable. However, brand choice and evaluation were measured by self-report surveys, and the choice on a screen may not match real shopping, so it lacks ecological validity. Porublev's interviews gave rich qualitative data on feelings about wrapping, but they are subjective: interviewers may phrase questions in a biased way and participants may give socially desirable answers. Howard's study also used an artificial product evaluation task.

Shelf position research is reductionist, as it explains purchases only by position and ignores price, brand popularity and preference. Gift-wrapping research is more holistic, as it considers different occasions, types of wrapping and the beliefs of both giver and recipient. Both areas are deterministic, suggesting wrapping or position determines feelings and choices, although consumers can still choose freely.

The research is useful: retailers can place high-profit products centrally, and shops can offer gift wrapping. Overall, the findings are useful, but they should be generalised with caution until tested in other cultures and real stores.

Section C: Health Psychology

9 A false positive diagnosis is when the doctor diagnoses the patient as having an illness when they are in fact healthy. This could happen because the doctor lacks up-to-date training on the symptoms of a condition, so wrongly believes the patient's symptoms show an illness they do not have.

The doctor may also use a lot of medical terminology or closed questions, so the patient does not understand what they are being asked and gives incorrect

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	information about their symptoms. If the doctor recommends tests to confirm the diagnosis and the patient refuses or does not attend, the doctor may diagnose on symptoms alone, so the patient follows treatment for a condition they do not have.
10(a)	The nomothetic approach establishes general laws about behaviour that apply to all people, usually using quantitative data from large samples. For example, McKinstry and Wang found that overall patients preferred a formally dressed doctor, e.g. a male doctor in a suit and tie and a female doctor in a white coat.
10(b)	The approach assumes all patients respond to practitioner clothing in the same way. However, McKinstry and Wang found the preference for formal dress was higher in older patients and in higher social classes, so younger patients may prefer less formal doctors, and the general law does not apply to everyone.
11(a)	First, the medication could be given in a bottle with a Trackcap, which records each time the bottle is opened. Dr Smith could check whether patients opened it at the right times each day. Second, Dr Smith could use a blood or urine test, which detects the medication (or a biological marker such as lower cholesterol for statins) in the body, showing whether the patient has been taking it.
11(b)	The Trackcap only records that the bottle has been opened, not that the tablet was swallowed. A patient might open the bottle and take a tablet out but then forget to take it or throw it away, so Dr Smith would overestimate adherence.
12(a)	Aim: to investigate whether relaxation, and relaxation with imagery, could improve mood in women having radiotherapy for early breast cancer. The sample was 154

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women under 70 having six weeks of radiotherapy at Middlesex Hospital, London; 139 completed the study. They were randomly allocated to relaxation training (47), relaxation plus imagery (44) or a control group (48), whose mood scores were the same at the start.

Each programme lasted six weeks, with sessions of about 30 minutes. The relaxation group was taught to concentrate on individual muscle groups; the relaxation plus imagery group also imagined a peaceful scene of their choice. Both were given a tape of the instructions and told to practise for at least 15 minutes a day. Controls were encouraged to talk about themselves. Mood was measured with the Profile of Mood States (POMS) and the Leeds general scales for depression and anxiety.

At six weeks, total mood disturbance was significantly lower in both intervention groups, and the combined group was more relaxed than the relaxation only group, while mood in the control group was worse. Women aged 55 and over benefited most. There was no difference in the Leeds scores. Relaxation training improved the mood of women with early breast cancer.

12(b) As a field experiment, the study took place in a real hospital with real patients going through stressful treatment, so it has high ecological validity: the 30-minute sessions with a therapist were similar to real psychological treatment, and mood questionnaires are often used in treatment. The IV was still controlled, as patients were randomly allocated to the three conditions, the treatment was standardised and mood was measured the same way for all, so cause and effect can be inferred. However, control of extraneous variables is lower than in a laboratory: patients may have done other stress-reducing activities at home, and we do not know how much each practised with the tape. Participants also knew which group they were in, so demand characteristics may have led the intervention groups to report better mood.

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The study has useful applications, showing that relaxation and imagery are cheap, simple ways to improve the mood of patients with serious illness. It was also longitudinal and used quantitative data (POMS), so the groups could be compared statistically, although self-report mood scales may be affected by social desirability and give little detail about why mood improved.

Generalisability is limited. The sample size was good with a wide age range, but all participants were women with breast cancer at one London hospital, so findings may not apply to men or to other cultures.

Ethically, informed consent was gained and some patients withdrew, showing the right to withdraw. Mood improved in the experimental groups, but the control group was not offered the training afterwards. The explanation is situational, as the situation of therapy improved mood, although free-will matters, since patients chose whether to practise.

Overall, the field experiment gives realistic and useful evidence, with some loss of control.

Section D: Organisational Psychology

13 First, the manager could 'get on the balcony'. He would step back and monitor the number of mistakes over the whole production line to see how big the problem is and whether it involves specific workers or most of them, so he can target help, e.g. to night workers.

Second, he could 'give the work back to the people'. He could hold a meeting where workers voice their concerns about the new hours and suggest how to adjust, e.g. changing sleep routines or allowing some to start later, and how to reduce mistakes, so they help solve the problem themselves.

14(a) The nature versus nurture debate is about the extent to which behaviour is a

Question number	
	result of innate, inherited (genetic) traits, which is nature, or of the environment and learning, which is nurture.
14(b)	Scouller argues leaders are not born with leadership; they can develop their presence, know-how and skill. In personal leadership, the leader reflects on their experiences of public and private leadership and learns which behaviours work with groups and with individuals, so leadership is learned through experience.
15(a)(i)	Margot is a completer finisher. Completer finishers are painstaking and conscientious and are very good at searching out errors and polishing final work, so she will make sure the leaflet has no spelling or other errors before it is published.
15(a)(ii)	Tricia is a plant. Plants are highly creative and solve problems in unconventional, innovative ways, so she can come up with original design ideas that make the leaflet stand out and more likely to be read.
15(b)	Fitting a role does not mean a person has the specific skills needed. A manager may give Tricia the design because she is a plant, but although she is creative she may lack the technical skills to design the whole leaflet. People may also fit different roles at different times, so one role label can mislead.
16(a)	Extrinsic motivation is when work is driven by external rewards such as pay, promotion and bonuses. Pay is money for work, hourly or as an annual salary, sometimes with tips or benefits such as gym use. Bonuses are given at certain times for hard work or meeting sales goals, often as a percentage of profits. Profit-sharing shares profits among all employees, sometimes on a sliding scale, with no goal to meet first. Performance-related pay sets individual or team targets that must be met within an agreed time for a higher rate of pay. These work

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through operant conditioning: rewarded behaviour is repeated.

Deci and Ryan's self-determination theory says people have three innate needs which, when met, lead to psychological growth: competence (mastery and control of outcomes), relatedness (feeling connected to and supported by others) and autonomy (control of one's own life and goals). At work, training builds competence, setting one's own targets builds autonomy and good relationships meet relatedness. Extrinsic rewards can undermine intrinsic motivation by reducing autonomy.

Landry et al. (2019) gave 123 French-speaking students a $10 gift card, presented either as a token of appreciation (autonomy-supportive) or as a way of enforcing performance standards (controlling), before an anagram task. Need satisfaction was linked to higher intrinsic motivation and performance, and the autonomy-supportive reward led to better performance, supporting the theory.

16(b) Extrinsic motivators are a situational explanation, as the reward is provided by the organisation. However, the amount of reward needed to motivate differs between individuals and depends on how they view their work, which supports an individual explanation. Self-determination theory is largely individual, as each employee has their own need for competence, relatedness and autonomy, but it is also situational, since relatedness depends on how others in the organisation support the worker. The best view combines both.

Extrinsic rewards are reductionist, explaining motivation only by money or benefits, whereas self-determination theory is more holistic, considering three needs, some met outside work. Extrinsic rewards are also deterministic, as the reward determines effort, while self-determination theory allows free-will, as employees seek out training or social events, although the employer may limit opportunities.

Landry et al. had a good sample size and random allocation, so cause and effect can be inferred. However, the students were young and from one culture, so results

Question number

may not generalise to older employees elsewhere. It was a laboratory task with a $10 gift card, so it lacks ecological validity, although people do get rewards for doing surveys. Self-report measures of motivation may also be affected by social desirability.

Self-determination theory is nomothetic, suggesting all workers are motivated by the same three needs, which ignores individual differences, e.g. a worker who is the only earner may value pay most.

The research has useful applications: managers can give rewards in an informational, appreciative way and provide training and autonomy. Overall, extrinsic rewards work best when they support, not replace, intrinsic motivation.

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PSYCHOLOGY **9990/32**

Paper 3 Specialist Options: Approaches, Issues and Debates **May/June 2025**

1 hour 30 minutes

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You must answer on the enclosed answer booklet.

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Answer questions from **two** options.
Answer **all** questions from the options you have studied.

Section A: Clinical Psychology

Answer **all** questions.

1 Fazli has pyromania, he is unable to resist starting fires. Fazli sets fires and then watches them burn, in order to relieve his anxiety.

Suggest how imaginal desensitisation could help Fazli manage his symptoms of pyromania. [4]

2 **(a)** Outline systematic desensitisation as a treatment for a specific phobia. [2]

(b) Explain **one** reason why systematic desensitisation as a treatment for a specific phobia supports the situational side of the debate about individual and situational explanations. [2]

3 When Lina was a child, outside with her mother, she saw a snake. She then developed a phobia of snakes.

(a) Suggest a psychodynamic explanation for why Lina has this phobia of snakes. [4]

(b) Explain **one** weakness of the psychodynamic explanation for Lina's phobia of snakes. [2]

4 **(a)** Describe the following psychological explanations of depression:
- Beck's cognitive theory of depression, and
- learned helplessness. [6]

(b) Evaluate the following psychological explanations of depression:
- Beck's cognitive theory of depression, and
- learned helplessness,

including a discussion about determinism versus free-will.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates. [10]

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Section B: Consumer Psychology

Answer **all** questions.

5 Company B sells bicycles. An advisor has recommended that the staff at Company B use competitor-focused sales techniques to increase sales.

Suggest **two** ways that Company B's staff could use competitor-focused sales techniques to increase the sales of bicycles. [4]

6 After buying a product, consumers can be affected by post-purchase cognitive dissonance, which can be applied to everyday life.

(a) Outline what is meant by 'post-purchase cognitive dissonance'. [2]

(b) Explain **one** way post-purchase cognitive dissonance could be reduced. [2]

7 Steven and Fred sell coats. They are talking about why coat sales have increased on their website.

- Steven says customers decide to purchase a coat because their website allows customers to search for useful features.
- Fred says customers decide to purchase a coat because their website is the first one customers find when they search online.

(a) **(i)** Outline which model of consumer decision-making has been suggested by Steven. Justify your answer. [2]

(ii) Outline which model of consumer decision-making has been suggested by Fred. Justify your answer. [2]

(b) Outline **one** problem psychologists have when deciding which model of consumer decision-making is being used by customers. [2]

8 **(a)** Describe:
- a study on any type of advertising media, and
- Lauterborn's 4 Cs marketing mix model. [6]

(b) Evaluate:
- a study on any type of advertising media, and
- Lauterborn's 4 Cs marketing mix model,

including a discussion about validity.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates. [10]

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Section C: Health Psychology

Answer **all** questions.

9 Isha has been experiencing stress at work. She worries about whether she will meet deadlines and whether the quality of her work is good enough.

Suggest how stress inoculation training could help to reduce Isha's stress at work. [4]

10 **(a)** Outline **one** reason why a person could delay seeking treatment. [2]

(b) Explain whether the reason you have outlined in part **(a)** can be applied to different cultures. [2]

11 Dr Brown works in a hospital and when her patients are given a questionnaire to rate their satisfaction with her consultations, they give her low scores.

(a) Suggest how Dr Brown could change the style of her consultation to increase patient satisfaction. [4]

(b) Explain **one** weakness of using a questionnaire to measure satisfaction. [2]

12 **(a)** Describe:
- a study on promoting healthy eating in schools, and
- a study on promoting health and safety in worksites. [6]

(b) Evaluate:
- a study on promoting healthy eating in schools, and
- a study on promoting health and safety in worksites,

including a discussion about experiments.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates. [10]

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Section D: Organisational Psychology

Answer **all** questions.

13 Jin and Kasem each manage a group of workers. Jin allows each of her workers to take responsibility for part of a project from start to finish. Kasem invites his group of workers to meet socially. Both Jin and Kasem say their approach to management will meet the needs of their workers.

From McClelland's theory of achievement motivation:

(a) Explain which need is being met by Jin. [2]

(b) Explain which need is being met by Kasem. [2]

14 **(a)** Outline what is meant by 'valence' from Vroom's VIE theory of motivation. [2]

(b) Explain **one** reason why Vroom's VIE theory of motivation could be considered holistic. [2]

15 Lucy owns a restaurant. She pays her workers a good salary but notices they are not satisfied with their jobs. Lucy reads about Herzberg's two factor theory of job satisfaction and thinks her workers will be more satisfied if she provides them with 'motivators'.

(a) Suggest **two** ways that Lucy could provide her workers with 'motivators'. [4]

(b) Explain **one** weakness of Herzberg's two factor theory of job satisfaction. [2]

16 **(a)** Describe the study by Cuadrado et al. (2008) on leadership style and gender. [6]

(b) Evaluate the study by Cuadrado et al., including a discussion about self-reports.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates. [10]

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Answer booklet	Write the question number in the left-hand margin at the start of each answer.

Question number

Answers for paper 9990/32

Section A: Clinical Psychology

1 First, Fazli would be taught progressive muscle relaxation. He would then imagine the steps of setting a fire, e.g. collecting matches, going to a place and starting a fire and watching it burn, while staying relaxed. He then imagines leaving the situation without acting on his urge to start the fire, still feeling relaxed.
He could have the session recorded and practise it at home between sessions. As relaxation cannot exist at the same time as anxiety and arousal, this reduces the arousal he feels before setting fires and weakens the link between fire setting and the positive feeling of relief, so he is less likely to act on the urge.

2(a) Systematic desensitisation is where the patient builds a fear hierarchy from the least to the most feared situation, e.g. a picture of a spider up to holding one, and is taught relaxation. They are then gradually exposed to each step while relaxing, so the anxiety is replaced by relaxation (reciprocal inhibition).

2(b) Situational explanations say behaviour is caused by the environment. Systematic desensitisation supports this because the patient unlearns the phobia through the situation of treatment: they must experience each object or situation on the fear hierarchy in the sessions for their fear to reduce.

3(a) A psychodynamic explanation is that Lina's phobia comes from an unresolved conflict in the phallic stage, her Electra complex. The snake is a phallic symbol,

Question number	
	representing her id's repressed desire for a penis (penis envy), which she feels ashamed of and would not want to express. Because she is afraid that someone, such as her mother, might find out about these feelings, the ego uses defence mechanisms: the feelings are repressed and the fear is displaced onto the snake she saw while outside with her mother, so the anxiety appears as a phobia of snakes.
3(b)	It is an incomplete explanation. Lina may simply have been frightened when she saw the snake, e.g. if her mother screamed, and learned the fear by classical conditioning, rather than it being caused by an unresolved Electra complex, which cannot be tested as she would not remember it.
4(a)	Beck's cognitive theory says depression is caused by faulty information processing. Depressed people have negative schemas learned from experience and cognitive biases, such as overgeneralising and magnifying failures. Beck described the cognitive triad: negative views about oneself, about the world and about the future. The three influence each other, producing negative automatic thoughts that are irrational and inaccurate. These act as a pessimistic filter on life experiences, creating a cycle of negative attitudes, behaviour and emotions, so mood spirals downwards. Learned helplessness (Seligman) says that a person who experiences repeated failures or negative events that they cannot control, despite their efforts, learns that they are helpless. They view the situation as inescapable, so they become passive and give up trying to change it or feel better, even when change becomes possible, which leads to depression. This was developed into attributional style: depressed people explain bad events with internal (it is my fault), stable (it will always be like this) and global (it affects everything) attributions.

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4(b)

Beck's theory is partly deterministic, as negative experiences produce negative schemas and automatic thoughts the person does not choose. However, it also supports free-will: in cognitive therapy patients learn to challenge and change their thoughts, showing they can choose to think more positively. Learned helplessness is more deterministic, as the person feels they have no choice and are trapped. This is a strength of Beck's theory, as it gives patients hope and control, but if depression were fully chosen people could be blamed for it. Overall a soft determinist view fits both best.

Both explanations support nurture, as negative schemas and helplessness are learned from experience. However, they ignore genetic and neurochemical causes such as low serotonin, so they are environmentally reductionist. Beck's theory is more holistic in considering complex thought processes, but neither explains why some people facing the same events do not become depressed, so a diathesis-stress view may be better.

There is supporting evidence. Seligman et al. compared depressed patients and controls using the BDI and the attributional style questionnaire, which are standardised, reliable measures, and found depressed patients had a more pessimistic style that improved with cognitive therapy. However, this was a quasi-experiment, and patients knew their diagnosis, so they may have reported more negative thoughts. The therapy also varied between patients, which lowers reliability.

A key weakness is cause and effect: negative thinking may be a symptom of depression rather than its cause. Learned helplessness was originally based on research with dogs, so it may not generalise to people.

Both have strong applications, as they led to cognitive therapy and CBT. Overall, they are useful, but should be combined with biological factors.

Question number	
	Section B: Consumer Psychology
5	First, staff could show customers how Company B's bicycles compare with competitors' on important features, e.g. number of gears, tyre quality and warranty, on the website or in store. Showing their bikes have better features for the price would persuade more customers to buy from Company B. Second, staff could promote Company B as more sustainable and ethical than competitors, e.g. using recycled materials and paying a fair wage, through articles in the media. Customers who value this would choose to support Company B, increasing sales.
6(a)	Post-purchase cognitive dissonance is the discomfort a consumer feels when their behaviour (buying a product) conflicts with a belief they now hold, so they regret the purchase (buyer's remorse). For example, they find the product has just gone on sale and believe they should have waited.
6(b)	The company could offer a price guarantee, refunding the difference if the customer finds the product cheaper elsewhere within, e.g., 30 days. The customer then no longer holds the conflicting belief that they should have bought it elsewhere, so they regret the purchase less and dissonance is reduced.
7(a)(i)	Steven suggests utility theory. Consumers are rational: the website lets them search for useful features, so they can weigh up the benefits of each coat and buy the one with the highest utility, the best coat for them.
7(a)(ii)	Fred suggests satisficing. Consumers stop searching when they find an option that is good enough: their website is the first one found, and if its coat meets their needs at a good price they buy it without looking further.

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7(b)	Customers may use more than one model in the same decision. For example, they may compare price and one important feature across a few websites (like utility theory) and then buy the first one that is good enough (satisficing), so it is hard to say which model explains the purchase.
8(a)	Ciceri et al. (2020) studied memory for adverts in different media. Participants were 72 habitual newspaper readers (36 men) aged 23 to 55, chosen by stratified sampling on gender and age, to represent Italian newspaper readers. Three groups read the same newspaper on paper, as a website on a desktop PC or as a PDF on a tablet, containing 25 real adverts. Visual attention was recorded with an eye tracker synchronised with an EEG, and memory was tested afterwards with recognition tasks. The PDF on a tablet gave the highest memory and visual attention, and the highest EEG frustration index, while the website gave the lowest attention and memory. Lauterborn's 4 Cs model puts the consumer first, replacing the 4 Ps. Consumer: what the consumer wants and needs, rather than the product. Cost: the total cost to the consumer, not just price, e.g. travel, the value of the product and ethical concerns. Communication: two-way dialogue, where the company seeks information from consumers about what they want, rather than one-way promotion. Convenience: offering many ways to buy, e.g. online or in a shop, rather than focusing on place.
8(b)	Ciceri et al. has good validity in some ways. Eye tracking and EEG are objective measures of attention, not affected by participants' bias, and the recognition test measures memory directly. Real adverts and a real newspaper were used, increasing ecological validity. However, participants knew they were in a study and read in an artificial setting with equipment attached, so they may have paid more attention

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to adverts than normal. The memory task may also be affected by effort, which lowers validity. Temporal validity is an issue, as advertising media change quickly, so results about tablets may soon be out of date.

The 4 Cs model has validity as it is backed by research showing that focusing on consumer needs is effective, and it fits modern marketing, where communication with consumers through social media is two-way.

Ciceri et al. used a stratified sample, so it is representative of Italian newspaper readers in gender and age, but it is from one culture and the sample was small (72, so 24 per group), which limits generalisation. Access to tablets and the internet also differs between countries.

Both have useful applications. Ciceri's results suggest companies should place adverts in digital newspaper editions on tablets to increase memory. The 4 Cs tell companies to focus on wants, total cost, communication and convenience. However, meeting all four can be difficult and costly for small companies, and products may still not sell because of cultural or economic differences.

The model is fairly holistic, considering several factors, whereas Ciceri reduces advert effectiveness to attention and memory, ignoring whether consumers actually buy. Overall, both are useful but need further validation.

Section C: Health Psychology

9 Stress inoculation training (Meichenbaum) would help Isha manage her stress reaction to work. In the first stage, conceptualisation, the therapist discusses with her what causes her stress, e.g. negative thoughts about missing deadlines and her work not being good enough.

In the second stage, skills acquisition, she is taught coping skills such as relaxation, breathing exercises, time management and positive self-statements, e.g. 'I have met deadlines before'. In the third stage, application, she practises these

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	with the therapist and then uses them at work when she worries about a deadline, so her stress reaction reduces.
10(a)	One reason is appraisal delay. This is the time it takes a person to recognise that the symptoms they are experiencing are a sign of illness, so if they think a symptom is minor they do not see a need for treatment.
10(b)	Appraisal delay can be applied to different cultures, because people in all cultures experience symptoms such as aches, pains or headaches, and in most cultures these are seen as minor and self-treatable rather than an illness needing treatment, so the same delay occurs.
11(a)	Dr Brown could use a doctor-centred (directive) style in the hospital. She would take charge of the consultation, asking focused questions about the patient's symptoms, then give a clear diagnosis and explain the treatment to follow, avoiding complex medical terms. This should increase satisfaction, as Savage and Armstrong found patients were more satisfied after a directive, doctor-centred consultation than a sharing, patient-centred one.
11(b)	If patients only give a rating, the data is quantitative and lacks depth. Dr Brown would not know why patients were dissatisfied, e.g. long waits rather than her style, so any changes she makes might not be effective.
12(a)	Tapper et al. (2003) evaluated the Food Dudes programme to promote healthy eating. In a whole school study, children aged 4 to 11 in a primary school watched Food Dudes videos, in which heroes eat fruit and vegetables to defeat the Junk Punks, and were given rewards such as stickers when they ate fruit and vegetables, along with letters home and a staff manual. The programme ran over

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16 days in school. Children ate much more fruit and vegetables, and at the four-month follow-up they were still eating more.

Fox et al. (1987) used a token economy to improve safety at two open-pit mines in the USA. Workers earned stamps for working without lost-time injuries, avoiding accidents that damaged equipment and making safety suggestions. Stamps were lost if they or co-workers were injured, caused equipment damage or failed to report an accident. Stamps could be exchanged for thousands of items at a store. There were large reductions in days lost through injury, lost-time injuries and accident costs. The savings far exceeded the cost of the programme and the improvements lasted several years.

12(b) Tapper et al. was a field experiment in real schools, so it has high ecological validity, as children ate their normal school meals. However, there was less control of extraneous variables, e.g. what children ate at home, and children may have eaten more to please teachers, so demand characteristics may have occurred. Fox et al. was a quasi-experiment using real workers, so it is also realistic, but without random allocation or a control group the reduction in injuries could be due to other changes such as new safety laws or equipment. Neither has the control of a laboratory experiment, so cause and effect is less certain.

Tapper used children. This was beneficial, as healthy eating improved their diet and consent was gained from parents. Young children may not realise they are in a study, so show fewer demand characteristics, but they may also try to please teachers or not be honest about eating outside school.

Both were longitudinal. Fox followed the mines for over a decade, and Tapper had a four-month follow-up, showing behaviour changes lasted. However, longitudinal research is costly and can suffer attrition.

Both gathered quantitative data, e.g. amount of fruit eaten and days lost, which allows objective comparison, but gives little insight into why behaviour changed.

Question number	
	Fox's findings may only apply to US mine workers, and Tapper's to UK primary children, where food culture differs. Both have strong applications: Food Dudes has been used widely in schools and token economies are cheap to run. However, behaviour may be determined by rewards and stop when they are removed. Overall, both show health promotion works in the real world.
	Section D: Organisational Psychology
13(a)	Jin is meeting the need for achievement. Workers with this need want to take responsibility and accomplish challenging tasks, and Jin lets each worker be responsible for part of a project from start to finish, so they feel a sense of accomplishment.
13(b)	Kasem is meeting the need for affiliation. This is the need to have good, friendly relationships with others, and by inviting his workers to meet socially he helps them form and strengthen relationships within the team.
14(a)	Valence is how much the employee values the reward or outcome they receive after completing a task. The more they value the reward, e.g. a promotion, the more motivated they will be to put effort into the task.
14(b)	VIE theory is holistic because it looks at motivation as a whole made of three combined factors: expectancy (belief that effort leads to performance), instrumentality (belief that performance leads to a reward) and valence (value of the reward). Motivation depends on all three together, not one alone.
15(a)	First, Lucy could give workers opportunities for personal growth and advancement

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	through training. She could train kitchen staff to wait on tables and waiting staff to work in the kitchen, so they develop new skills and can be promoted, e.g. to head waiter. Second, Lucy could give recognition for good work. If the restaurant receives good reviews from diners, she could share them with staff and praise their contribution, e.g. with an employee of the month award.
15(b)	The theory may not account for individual differences. Herzberg says pay is only a hygiene factor, but for some people, e.g. the only earner in a household, pay does motivate and satisfy them, so the theory does not apply to everyone.
16(a)	Aim: to find out whether women are evaluated less favourably than men when they lead in a stereotypically masculine way. The sample was 136 undergraduates from the National Open University of Spain (53% women, mean age 27; 47% men, mean age 29) who received course credit. They were told it was a study of decision making and randomly allocated to one of four conditions (34 per group): a male or female supervisor (Carlos or Lucia), using a stereotypically masculine (task-oriented, autocratic) or feminine (relationship-oriented, democratic) style. Participants imagined they worked in an emergency service in a public hospital and read a description of the supervisor, on a trial period, leading a meeting about user satisfaction. They then evaluated them in an anonymous questionnaire on 7-point scales: 14 adjectives (7 positive, 7 negative), 4 items on leadership capacity and 5 on leadership effectiveness. Leaders using a feminine style, whether male or female, received more favourable evaluations on all measures, and the masculine style the least favourable. Neither leader was rated unfavourably for a gender-incongruent style, and male and female participants gave similar ratings. The researchers concluded both should use a feminine style, at least in gender-neutral workplaces.

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16(b) The study used self-report questionnaires with 7-point Likert scales. A strength is that they directly measure what participants think of the supervisor, and the quantitative ratings can be compared across the four conditions. They were anonymous, so participants may have been more honest and less affected by social desirability, e.g. not wanting to appear sexist. Each participant was in one condition only, so they were less likely to guess the aim. However, closed rating scales give no opportunity to explain answers, so we do not know why the feminine style was preferred. Participants also rated a written description, not a real supervisor they work with, so their answers may not match how they would judge a real manager.

Generalisation is limited. The sample was a good size and drawn from across Spain, but they were students in one culture, many with little management experience. The task was artificial, so it lacks ecological validity. However, random allocation and the same narrative in every condition were good controls, increasing reliability and allowing cause and effect to be inferred.

The study is reductionist, presenting only gender and style in one meeting, while real leaders show both styles. It is mainly nomothetic, suggesting a general law that feminine styles are preferred, although the researchers note this may not apply in workplaces strongly linked to one gender. It is situational, as the style affects ratings, but the style a leader adopts may be individual.

The study has applications: leaders could listen to workers' opinions and treat them fairly. Overall, it gives useful controlled evidence, but self-reports about an imagined leader limit its validity.

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PSYCHOLOGY **9990/33**

Paper 3 Specialist Options: Approaches, Issues and Debates **May/June 2025**

1 hour 30 minutes

3408399450

You must answer on the enclosed answer booklet.

You will need: Answer booklet (enclosed)

INSTRUCTIONS

- Answer **eight** questions in total:
  - Answer questions from **two** options.
  - Answer **all** questions from the options you have studied.
- Follow the instructions on the front cover of the answer booklet. If you need additional answer paper, ask the invigilator for a continuation booklet.

INFORMATION

- The total mark for this paper is 60.
- The number of marks for each question or part question is shown in brackets [ ].

This document has **8** pages. Any blank pages are indicated.

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Answer questions from **two** options.
Answer **all** questions from the options you have studied.

Section A: Clinical Psychology

Answer **all** questions.

1 Mahmoud has schizophrenia. His doctor suggests cognitive-behavioural therapy (CBT) to help manage Mahmoud's positive symptoms.

Suggest how CBT could be used to help Mahmoud manage his positive symptoms of schizophrenia. [4]

2 **(a)** Outline Miller's feeling-state theory of impulse control disorders. [2]

(b) Explain **one** reason why Miller's feeling-state theory could be considered holistic. [2]

3 Emi was unfairly dismissed from her job at a factory which she was very upset about. Afterwards, she started a fire at the factory, which made her feel better. Later she felt very anxious and purchased matches to relieve this anxiety. As she watched each match burn, she felt better. Although Emi has a new job in a shop, she is distracted by thoughts of starting a fire there. These thoughts make her feel very excited.

(a) Using the diagnostic criteria (ICD-11) for pyromania:

(i) Suggest **one** reason why Emi may be diagnosed with pyromania. [2]

(ii) Suggest **one** reason why Emi may **not** be diagnosed with pyromania. [2]

(b) In relation to pyromania, Emi meets some of the diagnostic criteria and not others.

Explain **one** other problem a doctor could have when making their diagnosis of Emi. [2]

4 **(a)** For the treatment and management of obsessive-compulsive disorder (OCD):

Describe SSRIs and exposure and response prevention (ERP). [6]

(b) For the treatment and management of obsessive-compulsive disorder (OCD):

Evaluate SSRIs and exposure and response prevention (ERP), including a discussion about the use of children in research.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates. [10]

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Section B: Consumer Psychology

Answer **all** questions.

5 A shop has been receiving complaints about their virtual store layout. The shop currently has a racetrack layout.

Suggest **two** ways that the shop could change their virtual store layout that could reduce complaints. [4]

6 **(a)** Outline what is meant by free-will, including an example from thinking slow (system 2) in consumer decision-making. [2]

(b) Explain **one** problem a psychologist may have when they investigate whether consumers use free-will when deciding to purchase products. [2]

7 Sally and Dan want to buy new running shoes. They go to many stores and consider lots of different shoes. Sally returns to the first shop and buys her running shoes. Even though he has seen many different brands, Dan buys the brand he has worn for the past few years.

(a) **(i)** Outline the choice heuristic used by Sally. [2]

(ii) Outline the choice heuristic used by Dan. [2]

(b) Outline **one** problem a psychologist may have when deciding which choice heuristic consumers are using when purchasing a product. [2]

8 **(a)** Describe what psychologists have discovered about:
- gift-wrapping including beliefs of giver and recipient, and
- attention and shelf position. [6]

(b) Evaluate what psychologists have discovered about:
- gift-wrapping including beliefs of giver and recipient, and
- attention and shelf position,

including a discussion about generalisations from findings.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates. [10]

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Section C: Health Psychology

Answer **all** questions.

9 Suggest why a doctor might make a false positive diagnosis. [4]

10 **(a)** Outline what is meant by the nomothetic approach, including an example from a study on preferences for practitioner clothing in non-verbal communication with patients. [2]

(b) Explain **one** weakness of using a nomothetic approach to understand preferences for practitioner clothing in non-verbal communication with patients. [2]

11 Dr Smith has patients who do not adhere to his instructions for taking their medication.

(a) Suggest **two** ways Dr Smith could measure whether his patients adhere to his instructions for taking their medication. [4]

(b) For **one** of your suggestions in part **(a)**:

Explain **one** problem that Dr Smith might have with this way of measuring whether his patients have adhered to his instructions for taking their medication. [2]

12 **(a)** Describe the study by Bridge et al. (1988) on relaxation and imagery in reducing stress during medical treatment. [6]

(b) Evaluate the study by Bridge et al., including a discussion about field experiments.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates. [10]

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Section D: Organisational Psychology

Answer **all** questions.

13 A manager has changed the working hours in a factory. Some workers are tired when they arrive at work due to this change and have made mistakes on the production line.

Suggest how the manager could use **two** of Heifetz's six principles in meeting adaptive challenges to help the workers at the factory adjust to the change in working hours. [4]

14 **(a)** Outline what is meant by the nature versus nurture debate. [2]

(b) Explain **one** reason why Scouller's levels of leadership theory supports the nurture side of the nature versus nurture debate. [2]

15 Tricia and Margot are in a team working on a leaflet for a company. Tricia will design the leaflet. Margot will check the leaflet for any errors before it is published.

(a) **(i)** Suggest which **one** of Belbin's team roles is **most** appropriate for Margot, who checks the leaflet. Justify your answer. [2]

(ii) Suggest which **one** of Belbin's team roles is **most** appropriate for Tricia, who designs the leaflet. Justify your answer.

Do not use the team role you suggested in part **(a)(i)** in your answer. [2]

(b) Explain **one** problem with Belbin's nine team roles. [2]

16 **(a)** Describe what psychologists have discovered about:
- extrinsic motivators at work, and
- Deci and Ryan's self-determination theory. [6]

(b) Evaluate what psychologists have discovered about:
- extrinsic motivators at work, and
- Deci and Ryan's self-determination theory,

including a discussion about individual and situational explanations.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates. [10]

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Surname	StemUp Model Solution
Answer booklet	Write the question number in the left-hand margin at the start of each answer.

Question number

Answers for paper 9990/33

Section A: Clinical Psychology

1 CBT could help Mahmoud manage a positive symptom such as a delusion, e.g. believing he is being followed. First he would build a trusting relationship with the therapist, then have psychoeducation, where he and his family learn what schizophrenia is and that his delusions and hallucinations are symptoms, not real events.

In cognitive restructuring, Mahmoud discusses what his delusion is and why he believes it. Between sessions he keeps a diary of when the delusion occurs and how it makes him feel and behave. The therapist helps him test the belief and think of more realistic alternative explanations, e.g. that the person behind him is just walking the same way. When he feels anxious he can use these alternative thoughts and relaxation techniques, so he acts on the delusion less. Sensky et al. found CBT reduced positive symptoms as much as befriending at the end of treatment, but only the CBT group kept the improvement at the 9-month follow-up.

2(a) Miller's feeling-state theory says that intense positive feelings become linked with a specific behaviour, e.g. gambling or setting fires. This feeling-state (the positive emotions, thoughts and physiological arousal of that moment) is stored in memory, so the person repeats the behaviour to experience the feeling-state again, which produces the impulse control disorder.

Question number	
2(b)	Holism means understanding behaviour by looking at the whole person and how the parts work together. Miller's theory is holistic because it explains impulse control disorders as one integrated experience: the emotions, the physiological arousal and the memory (cognitions) of the feeling-state combine to make the person repeat the behaviour, rather than explaining it by emotion or arousal alone.
3(a)(i)	Emi shows a persistent fascination or preoccupation with fire, one of the ICD-11 criteria: she watches each match burn and, even in her new job, she is distracted by thoughts of starting a fire. She also feels tension before (anxiety) and relief or excitement during and after fire setting, which also fits the criteria.
3(a)(ii)	ICD-11 requires a lack of apparent motive for the fire setting, e.g. not revenge. Emi set the factory fire after being unfairly dismissed, so she may have had a revenge motive. Also, she has only set one actual fire, not the multiple acts of fire setting the criteria require.
3(b)	Setting fires is illegal, so Emi may not be honest with the doctor; she may hide that she set the factory fire or that she is thinking about starting a fire at the shop, as this could get her into trouble. The doctor would then not know the full extent of her fire setting and preoccupation, so cannot judge accurately whether she meets criteria such as multiple acts or persistent thoughts.
4(a)	SSRIs (selective serotonin reuptake inhibitors, e.g. fluoxetine) are the main drug treatment for OCD. They block the reuptake of serotonin into the presynaptic neuron, so more serotonin stays in the synapse and serotonin levels in the brain rise. A higher dose is usually given than for depression. This lessens the anxiety caused by the obsessions, so the patient no longer needs to perform compulsions such as hand washing to relieve it. Soomro et al. carried out a meta-analysis of 17

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studies (3097 participants) and found SSRIs were more effective than a placebo, reducing Y-BOCS scores.

In exposure and response prevention (ERP), the patient and therapist identify the obsessions and the compulsions they lead to and build a hierarchy of situations that trigger them, from least to most anxiety provoking. The patient is exposed to each situation, in sessions or as homework, but is prevented from performing the compulsion, using coping statements while anxiety is high. They learn that the anxiety falls on its own, so over time the anxious response is unlearned.

Lehmkuhl et al. (2008) treated Jason, a 12-year-old boy with autism and OCD, with CBT using ERP over 10 sessions. In exposure he touched objects he found difficult, such as elevator buttons and door handles, and in response prevention he used coping statements instead of compulsions. His Y-BOCS score fell from 18 to 3.

4(b) Using children in research has strengths. Lehmkuhl et al. treated a 12-year-old, which shows OCD can be tackled early, before the compulsions become deeply embedded patterns, and that ERP can be adapted to a child with autism. Consent was obtained from his parents, the treatment can be explained to a child old enough to understand, and he benefited, as his Y-BOCS score fell from 18 to 3. However, there are weaknesses. Young children may find ERP very upsetting and may not understand that their anxiety will fall, and they may find it hard to explain their thoughts or use coping statements. SSRIs can have stronger side effects in children, so drug research with children raises ethical concerns and needs careful monitoring.

Lehmkuhl et al. was a case study. It gave in-depth, longitudinal data, so his improvement could be tracked before and after therapy. But with one participant, findings cannot be generalised to adults or to children without autism, and the therapist was closely involved, so the results may be biased.

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In contrast, Soomro et al.'s meta-analysis of 3097 participants is far more generalisable. SSRIs are also reliable, as they follow a set schedule, starting on a low dose and increasing, and ERP has a standard outline that each patient follows. However, patients respond differently, so schedules must be adjusted.

Ethically, SSRIs can cause side effects and withdrawal symptoms when stopped, whereas ERP does not. SSRIs also treat the symptoms but not the learned link between obsession and compulsion, so relapse is likely when the drug stops, as with Rapoport's case of Charles, who developed tolerance to clomipramine and relapsed.

In terms of individual and situational explanations, ERP is situational, as the patient unlearns anxiety by experiencing the situations, but it is also individual, as the hierarchy is tailored to each patient's obsessions. ERP may also be seen as a Western therapy, and stigma about sharing obsessions with a stranger could limit its use in some cultures, while SSRIs work similarly across cultures.

Overall, both treatments are effective, but ERP may be preferred for children, as it avoids side effects and tackles the cause of the behaviour, if the child is old enough to cope with it.

Section B: Consumer Psychology

5

First, the shop could change to a freeform virtual layout. Research (Vrechopoulos et al.) found freeform was seen as the most useful for finding items on a shopping list and the most entertaining, so customers could easily find what they planned to buy and would complain less.

Second, the shop could change to a grid layout, which was found to be the easiest to use. It is the least engaging, so it is the fastest way to find products.

Customers who want to shop quickly would find their items without searching around a racetrack, which should reduce complaints.

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6(a)	Free-will is where behaviour is due to the individual's own choice, so it is self-determined, not caused by outside factors. Thinking slow (system 2) shows free-will because the consumer chooses to spend time deliberately, e.g. shopping around and researching several products to find a good price before buying.
6(b)	It is difficult to know whether a consumer's decision is due to free-will or to an external factor. For example, if a consumer sees an advert for a product and then buys it, the psychologist cannot tell whether the purchase was caused by the advert or was the consumer's free choice, as they cannot see what the consumer is thinking.
7(a)(i)	Sally used the anchoring heuristic. She was influenced most by the first piece of information she received: the first shoes she saw became the reference point she compared all the others with, so she went back to the first shop to buy them.
7(a)(ii)	Dan used the recognition heuristic. He chose the brand that was familiar to him because he has worn it for years, so he knows and trusts it, and that familiarity gives it more value to him than the unfamiliar brands.
7(b)	Consumers may give a socially desirable answer when asked why they bought a product. For example, a consumer may say they compared shoes on price and quality because this sounds better than admitting they simply bought the first pair they saw, so the psychologist may wrongly decide which heuristic was used.
8(a)	Gifts are wrapped to show that what is given is a gift and something special. The giver chooses wrapping to suit the occasion, and a gift can be unwrapped, wrapped in a non-traditional way or wrapped traditionally. Howard (1992) promised 45

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university students a gift for evaluating products. Half received the gift (a sheepskin bicycle seat cover) wrapped in decorative paper with a ribbon and half received it unwrapped. The wrapped gift was rated more favourably (mean 7.14) than the unwrapped one (6.06). In a second experiment, students who believed the gift was for themselves rated it more positively when wrapped, but those who thought it was for someone else showed no difference.

Porublev et al. (2009) used observations at a Christmas gift-wrapping stall, 20 in-depth interviews and 6 workshops where pairs wrapped one gift for someone close and one for an acquaintance. Participants from Victoria, Australia, aged about 25 to 35, preferred to receive wrapped gifts and had clear expectations about what a gift should look like.

Shelf position affects attention and purchase. Planograms show where products should be placed. The central gaze effect is that consumers look longer at products in the centre and are more likely to choose them. Atalay et al. (2012) used eye tracking with French undergraduates who viewed brands of vitamins and meal replacement bars in a 3 × 3 matrix on screen. Central brands received more eye fixations and were looked at for longer. In a shelf study with energy drinks, the central brand was chosen more often even when it was not in the centre of the visual field, although it was not always the most positively evaluated.

8(b)

Generalising from the findings is limited. Atalay et al. used undergraduates in France and Canada, who are young and may shop differently from older consumers with families. Porublev et al. sampled only 25 to 35 year olds from Victoria, Australia, with more women, so the findings may not apply to other ages or cultures, where gifts are wrapped differently or not wrapped at all. However, there are strengths: Porublev selected a cross section of Australian society and included more women because they are more involved in gifting, which makes the sample representative of gift givers, and Atalay had reasonable sample sizes over several

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studies, so the central gaze effect was replicated, which increases confidence in generalising it.

Atalay's eye tracking gives objective, quantitative data, as it measures exactly where participants looked, so it is valid and reliable. However, brand choice and evaluation were measured by self-report surveys, and the choice on a screen may not match real shopping, so it lacks ecological validity. Porublev's interviews gave rich qualitative data on feelings about wrapping, but they are subjective: interviewers may phrase questions in a biased way and participants may give socially desirable answers. Howard's study also used an artificial product evaluation task.

Shelf position research is reductionist, as it explains purchases only by position and ignores price, brand popularity and preference. Gift-wrapping research is more holistic, as it considers different occasions, types of wrapping and the beliefs of both giver and recipient. Both areas are deterministic, suggesting wrapping or position determines feelings and choices, although consumers can still choose freely.

The research is useful: retailers can place high-profit products centrally, and shops can offer gift wrapping. Overall, the findings are useful, but they should be generalised with caution until tested in other cultures and real stores.

Section C: Health Psychology

9 A false positive diagnosis is when the doctor diagnoses the patient as having an illness when they are in fact healthy. This could happen because the doctor lacks up-to-date training on the symptoms of a condition, so wrongly believes the patient's symptoms show an illness they do not have.

The doctor may also use a lot of medical terminology or closed questions, so the patient does not understand what they are being asked and gives incorrect

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	information about their symptoms. If the doctor recommends tests to confirm the diagnosis and the patient refuses or does not attend, the doctor may diagnose on symptoms alone, so the patient follows treatment for a condition they do not have.
10(a)	The nomothetic approach establishes general laws about behaviour that apply to all people, usually using quantitative data from large samples. For example, McKinstry and Wang found that overall patients preferred a formally dressed doctor, e.g. a male doctor in a suit and tie and a female doctor in a white coat.
10(b)	The approach assumes all patients respond to practitioner clothing in the same way. However, McKinstry and Wang found the preference for formal dress was higher in older patients and in higher social classes, so younger patients may prefer less formal doctors, and the general law does not apply to everyone.
11(a)	First, the medication could be given in a bottle with a Trackcap, which records each time the bottle is opened. Dr Smith could check whether patients opened it at the right times each day. Second, Dr Smith could use a blood or urine test, which detects the medication (or a biological marker such as lower cholesterol for statins) in the body, showing whether the patient has been taking it.
11(b)	The Trackcap only records that the bottle has been opened, not that the tablet was swallowed. A patient might open the bottle and take a tablet out but then forget to take it or throw it away, so Dr Smith would overestimate adherence.
12(a)	Aim: to investigate whether relaxation, and relaxation with imagery, could improve mood in women having radiotherapy for early breast cancer. The sample was 154

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women under 70 having six weeks of radiotherapy at Middlesex Hospital, London; 139 completed the study. They were randomly allocated to relaxation training (47), relaxation plus imagery (44) or a control group (48), whose mood scores were the same at the start.

Each programme lasted six weeks, with sessions of about 30 minutes. The relaxation group was taught to concentrate on individual muscle groups; the relaxation plus imagery group also imagined a peaceful scene of their choice. Both were given a tape of the instructions and told to practise for at least 15 minutes a day. Controls were encouraged to talk about themselves. Mood was measured with the Profile of Mood States (POMS) and the Leeds general scales for depression and anxiety.

At six weeks, total mood disturbance was significantly lower in both intervention groups, and the combined group was more relaxed than the relaxation only group, while mood in the control group was worse. Women aged 55 and over benefited most. There was no difference in the Leeds scores. Relaxation training improved the mood of women with early breast cancer.

12(b) As a field experiment, the study took place in a real hospital with real patients going through stressful treatment, so it has high ecological validity: the 30-minute sessions with a therapist were similar to real psychological treatment, and mood questionnaires are often used in treatment. The IV was still controlled, as patients were randomly allocated to the three conditions, the treatment was standardised and mood was measured the same way for all, so cause and effect can be inferred. However, control of extraneous variables is lower than in a laboratory: patients may have done other stress-reducing activities at home, and we do not know how much each practised with the tape. Participants also knew which group they were in, so demand characteristics may have led the intervention groups to report better mood.

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	The study has useful applications, showing that relaxation and imagery are cheap, simple ways to improve the mood of patients with serious illness. It was also longitudinal and used quantitative data (POMS), so the groups could be compared statistically, although self-report mood scales may be affected by social desirability and give little detail about why mood improved. Generalisability is limited. The sample size was good with a wide age range, but all participants were women with breast cancer at one London hospital, so findings may not apply to men or to other cultures. Ethically, informed consent was gained and some patients withdrew, showing the right to withdraw. Mood improved in the experimental groups, but the control group was not offered the training afterwards. The explanation is situational, as the situation of therapy improved mood, although free-will matters, since patients chose whether to practise. Overall, the field experiment gives realistic and useful evidence, with some loss of control.
	Section D: Organisational Psychology
13	First, the manager could 'get on the balcony'. He would step back and monitor the number of mistakes over the whole production line to see how big the problem is and whether it involves specific workers or most of them, so he can target help, e.g. to night workers. Second, he could 'give the work back to the people'. He could hold a meeting where workers voice their concerns about the new hours and suggest how to adjust, e.g. changing sleep routines or allowing some to start later, and how to reduce mistakes, so they help solve the problem themselves.
14(a)	The nature versus nurture debate is about the extent to which behaviour is a

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	result of innate, inherited (genetic) traits, which is nature, or of the environment and learning, which is nurture.
14(b)	Scouller argues leaders are not born with leadership; they can develop their presence, know-how and skill. In personal leadership, the leader reflects on their experiences of public and private leadership and learns which behaviours work with groups and with individuals, so leadership is learned through experience.
15(a)(i)	Margot is a completer finisher. Completer finishers are painstaking and conscientious and are very good at searching out errors and polishing final work, so she will make sure the leaflet has no spelling or other errors before it is published.
15(a)(ii)	Tricia is a plant. Plants are highly creative and solve problems in unconventional, innovative ways, so she can come up with original design ideas that make the leaflet stand out and more likely to be read.
15(b)	Fitting a role does not mean a person has the specific skills needed. A manager may give Tricia the design because she is a plant, but although she is creative she may lack the technical skills to design the whole leaflet. People may also fit different roles at different times, so one role label can mislead.
16(a)	Extrinsic motivation is when work is driven by external rewards such as pay, promotion and bonuses. Pay is money for work, hourly or as an annual salary, sometimes with tips or benefits such as gym use. Bonuses are given at certain times for hard work or meeting sales goals, often as a percentage of profits. Profit-sharing shares profits among all employees, sometimes on a sliding scale, with no goal to meet first. Performance-related pay sets individual or team targets that must be met within an agreed time for a higher rate of pay. These work

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through operant conditioning: rewarded behaviour is repeated.

Deci and Ryan's self-determination theory says people have three innate needs which, when met, lead to psychological growth: competence (mastery and control of outcomes), relatedness (feeling connected to and supported by others) and autonomy (control of one's own life and goals). At work, training builds competence, setting one's own targets builds autonomy and good relationships meet relatedness. Extrinsic rewards can undermine intrinsic motivation by reducing autonomy.

Landry et al. (2019) gave 123 French-speaking students a $10 gift card, presented either as a token of appreciation (autonomy-supportive) or as a way of enforcing performance standards (controlling), before an anagram task. Need satisfaction was linked to higher intrinsic motivation and performance, and the autonomy-supportive reward led to better performance, supporting the theory.

16(b) Extrinsic motivators are a situational explanation, as the reward is provided by the organisation. However, the amount of reward needed to motivate differs between individuals and depends on how they view their work, which supports an individual explanation. Self-determination theory is largely individual, as each employee has their own need for competence, relatedness and autonomy, but it is also situational, since relatedness depends on how others in the organisation support the worker. The best view combines both.

Extrinsic rewards are reductionist, explaining motivation only by money or benefits, whereas self-determination theory is more holistic, considering three needs, some met outside work. Extrinsic rewards are also deterministic, as the reward determines effort, while self-determination theory allows free-will, as employees seek out training or social events, although the employer may limit opportunities.

Landry et al. had a good sample size and random allocation, so cause and effect can be inferred. However, the students were young and from one culture, so results

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may not generalise to older employees elsewhere. It was a laboratory task with a $10 gift card, so it lacks ecological validity, although people do get rewards for doing surveys. Self-report measures of motivation may also be affected by social desirability.

Self-determination theory is nomothetic, suggesting all workers are motivated by the same three needs, which ignores individual differences, e.g. a worker who is the only earner may value pay most.

The research has useful applications: managers can give rewards in an informational, appreciative way and provide training and autonomy. Overall, extrinsic rewards work best when they support, not replace, intrinsic motivation.