Cambridge Assessment International Education

Cambridge International AS & A Level

PSYCHOLOGY **9990/32**

Paper 3 Specialist Options: Approaches, Issues and Debates **February/March 2024**

1 hour 30 minutes

2877801698

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 Prisha is hearing voices that seem real to her but no one else in her family can hear them. She tells her doctor about the voices and that her identical twin sister was diagnosed with schizophrenia three years ago. Prisha's doctor diagnoses her with schizophrenia.

Outline **two** explanations for Prisha's diagnosis, based on what she told her doctor. [4]

2 **(a)** Outline what is meant by a situational explanation of obsessive-compulsive disorder (OCD), including an example from the behavioural explanation of OCD. [2]

(b) Explain **one** weakness of the situational explanation of OCD, including an example from the behavioural explanation of OCD. [2]

3 Mary has obsessive-compulsive disorder (OCD). She worries that something bad will happen if she does not check her front door is locked 20 times every night. Mary needs help with her symptoms.

(a) Suggest how exposure and response prevention (ERP) can reduce:
- Mary's obsession
- Mary's compulsion. [4]

(b) Explain **one** weakness of using ERP to help Mary. [2]

4 **(a)** Describe the study by Oruč et al. (1997) on association analysis of the genetics of depressive disorder. [6]

(b) Evaluate the study by Oruč et al., including a discussion about reliability.

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 Kabir is setting up a store selling clothing in a shopping mall. He wants to encourage people to enter his store and purchase clothing.

Suggest **two** ways that Kabir can encourage people to enter his store, using your knowledge of store choice, including demographics (e.g. age and gender). [4]

6 **(a)** Outline 'convenience' from Lauterborn's 4 Cs marketing mix model. [2]

(b) Lauterborn's model can be applied to everyday life, such as for advertising products.

Explain **one** strength of using 'convenience' for advertising a product on the internet. [2]

7 **(a)** Company B has recently won an award for the easiest-to-use mobile phone so are planning to change their slogan. Their current slogan is 'B is brilliant'.

Explain **two** reasons why 'B is brilliant' is **not** an effective slogan. [4]

(b) Explain **one** problem psychologists have when they investigate slogans. [2]

8 **(a)** Describe what psychologists have discovered about:
- choice blindness, and
- consumer memory for advertising including how retroactive and proactive interference affect memory. [6]

(b) Evaluate what psychologists have discovered about:
- choice blindness, and
- consumer memory for advertising including how retroactive and proactive interference affect memory,

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 C: Health Psychology

Answer **all** questions.

9 People who experience chest pains sometimes delay seeking treatment from health services and need to be encouraged to seek treatment as quickly as possible.

Suggest **two** ways that these people could be encouraged to seek treatment quickly, using your understanding of reasons for delay. [4]

10 **(a)** Outline **one** example of a sample of children used in a study of healthy eating. [2]

(b) Explain **one** reason why it is important to use children in psychological research on healthy eating. [2]

11 Mr Sharma is a teacher in a school who is concerned that his students are not washing their hands correctly.

(a) Suggest how Mr Sharma could use fear arousal to encourage his students to wash their hands correctly. Your answer **must** be ethical. [4]

(b) Explain **one** practical problem that Mr Sharma might have with implementing what you have suggested in part **(a)**. [2]

12 **(a)** Describe what psychologists have discovered about:
- biofeedback to manage stress, and
- stress inoculation training to prevent stress. [6]

(b) Evaluate what psychologists have discovered about:
- biofeedback to manage stress, and
- stress inoculation training to prevent stress,

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 D: Organisational Psychology

Answer **all** questions.

13 Yash is the sales manager of a chocolate company that sells chocolate online. He wants to expand their sales into grocery stores within the next month.

Suggest a SMART goal Yash can set for his sales team to expand their sales into grocery stores within the next month. [4]

14 **(a)** Outline what is meant by the nomothetic approach, including an example from Deci and Ryan's self-determination theory of motivation. [2]

(b) Explain **one** strength of using a nomothetic approach to understand motivation at work, using Deci and Ryan's theory as an example. [2]

15 **(a)** Samir is a manager in a bicycle factory. He has noticed several acts of sabotage, for example, some of his workers have been leaving the factory before their shift has finished without permission. Samir has also seen one employee putting some bicycle parts belonging to the factory into their car.

(i) Using your knowledge of the study by Giacalone and Rosenfeld (1987):

Outline **one** reason that a worker at Samir's factory could give for **one** of these acts of sabotage. [2]

(ii) Suggest **one** way that Samir could reduce sabotage at his factory. [2]

(b) Explain **one** weakness for the way to reduce sabotage that you have suggested in part **(a)(ii)**. [2]

16 **(a)** Describe what psychologists have discovered about:
- Kouzes and Posner's Leadership Practices Inventory, and
- Kelley's five followership styles. [6]

(b) Evaluate what psychologists have discovered about:
- Kouzes and Posner's Leadership Practices Inventory, and
- Kelley's five followership styles,

including a discussion about psychometrics.

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.

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Section A: Clinical Psychology

1 One explanation is genetic. Prisha has an identical twin sister who was diagnosed with schizophrenia three years ago, and identical twins share 100% of their genes. Gottesman and Shields found a concordance rate of about 50% for identical twins, much higher than for non-identical twins, so Prisha may have inherited a genetic vulnerability.

A second explanation is cognitive. Prisha hears voices that no one else in her family can hear. Frith explains this as a failure of self-monitoring: Prisha cannot recognise her own inner speech as her own thoughts, so she experiences it as an external voice that seems real to her.

2(a) A situational explanation is the view that behaviour is caused by the environment or situation the person is in, rather than by something inside them. For example, the behavioural explanation says a person with OCD learns that washing their hands after touching a dirty surface gives temporary relief from anxiety (negative reinforcement), so they repeat the washing.

2(b) One weakness is that it is reductionist, because it is difficult to show that the situation is the only cause of OCD. For example, it explains repeated hand-washing only through negative reinforcement, but some people develop OCD because of genetic or biochemical factors such as low serotonin, which the situational explanation ignores.

3(a) In the first ERP session the therapist and Mary would identify her obsession (that

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something bad will happen) and her compulsion (checking the door is locked 20 times every night), and build a plan. To reduce the compulsion, Mary would be given weekly tasks to gradually check the lock fewer times, for example 15, then 10, then once, and resist the urge to check again (response prevention).

To reduce the obsession, Mary is exposed to the situation she fears. At first her anxiety and the thought that something bad will happen would increase, but as nothing bad happens her anxiety would fade (habituation). She learns that the feared outcome does not happen, so the obsessive thought weakens and she no longer needs to check.

3(b) One weakness is that ERP is very stressful for Mary. When she first stops checking the door 20 times, her anxiety that something bad will happen will get worse, so she may find the therapy too distressing and drop out before it has a chance to work.

4(a) Oruč et al. aimed to investigate whether serotonin genes are linked to bipolar disorder by carrying out an association analysis of two genes: the serotonin receptor 2c gene (5-HTR2c) and the serotonin transporter gene (5-HTT).

The sample was 42 patients with bipolar I disorder (25 females and 17 males, aged 31 to 70) who were in-patients and out-patients of a clinic in Croatia. There was a control group of 40 healthy people matched with the patients for age and sex. DNA was taken from each participant and analysed for polymorphisms (variations) in the 5-HTR2c and 5-HTT genes. Information about family history of mental illness was gathered from the patients and their medical records.

Results showed no significant association between the polymorphisms in either gene and bipolar disorder in the total patient sample. 16 of the patients had a positive family history, with at least one first-degree relative with a major affective disorder. When the patients were divided by gender, trends for an

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association with both polymorphisms were found in the female patients. The researchers concluded that variations in these genes may cause a minor increase in susceptibility to bipolar disorder in women.

4(b) The study has high reliability. It followed a standardised procedure and DNA analysis is an objective test, so the genetic analysis could be repeated on the same samples, or the matched design repeated on a new sample, to check whether the same results are found. Family history was also checked in the same way for every patient, by asking the patient and checking medical records. However, the reliability of the relatives' diagnoses is weaker, because each relative may have been diagnosed by a different practitioner at a different time using different criteria, so the 16 positive family histories may not be consistent.

The study was highly controlled and collected objective, quantitative data, which makes it scientific. Because the controls were matched for age and sex, differences between the groups are less likely to be due to these participant variables. However, generalisability is limited: the sample was only 42 patients from one clinic in Croatia, and only 17 were male, so the trend found for women may not apply to other populations.

The study is on the nature side of the nature versus nurture debate, as it looks for a genetic cause. However, no significant association was found in the whole sample, which suggests nurture, such as stressful life events, must also be involved. It is also reductionist, as it reduces a complex disorder to two genes and family history, ignoring cognitive and social factors. For the women with a genetic trend, bipolar disorder may be partly determined by genes outside their control, but as the effect was minor, other factors and free will in how the person copes with episodes also play a part.

Overall the study is reliable and objective, but its small, culturally specific sample and its weak findings mean it gives only limited support for a genetic explanation

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	of bipolar disorder.
	Section B: Consumer Psychology
5	To attract men, Kabir could design the store layout so that similar items are grouped together, with popular items at the front and a clearly signposted pay point. Men tend to want to "grab and go", so this makes it quick and easy for them to find the clothing they want, pay and leave. To attract customers aged about 30 to 40, Kabir could offer a loyalty programme with discounts for repeat customers and a mailing list inviting them to events such as a fashion show. Sinha et al. found middle-aged shoppers prefer stores they regularly patronise, so this would encourage them to choose and return to his store.
6(a)	Convenience is how easy it is for the customer to buy the product. It includes how easy it is to find information about the product, to purchase it (for example the location of the store) and to have it delivered.
6(b)	One strength is that an internet advert can include a direct link to the online store. Customers can instantly find product information and make a purchase with a few clicks, so the convenience of buying the product is highlighted immediately, making a sale more likely.
7(a)	One reason is that "B is brilliant" is not a catchy phrase or jingle. It has no rhythm, rhyme or tune, so customers are unlikely to remember it, and a slogan that is not remembered will not help them recall the brand when buying. A second reason is that it does not show what makes Company B unique.

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	"Brilliant" is vague and could describe any product, not just mobile phones, and it says nothing about the award for the easiest-to-use phone, which is the feature most likely to persuade customers to buy.
7(b)	One problem is that it is difficult to establish cause and effect between a slogan and sales. Sales are affected by many other factors, such as the quality and price of the product, other advertising and where it is placed in stores, so psychologists cannot isolate the effect of the slogan itself.
8(a)	Choice blindness is when consumers fail to notice a mismatch between what they chose and what they are given, yet still give reasons to defend the "choice". It shows that unconscious processes affect consumer preferences. Hall et al. (2010) did a study in a supermarket in Sweden with 180 customers. Participants tasted pairs of jams and smelled pairs of teas, chose which one they preferred and rated it on a 1 to 10 scale. While they were distracted, the experimenter switched the jars, so on the second sample they were given the alternative they had not chosen. They were then asked to sample it again and explain their choice. Half were told they would receive their chosen item as a gift. Only 33% of manipulated jam trials and 32% of tea trials were detected, with more detection for very different pairs of jams, such as cinnamon apple and grapefruit. This shows considerable choice blindness. Consumers see so many similar adverts that interference affects memory. Retroactive interference is when new information disrupts recall of old information, for example a new advert makes a consumer forget the brand in an older one. Proactive interference is when old information disrupts learning of new information. Burke and Srull (1988) showed participants magazine adverts (12 in Experiment 1) and asked how likely they were to buy each brand. Later adverts for competing brands caused retroactive interference, so earlier brand information was forgotten

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or confused. Experiment 2 investigated proactive interference with adverts for similar products, and Experiment 3 used 22 full-colour adverts, finding that competitive advertising significantly reduced cued recall of brand information.

8(b) Both areas were researched using experiments. Hall et al. was a field experiment in a real supermarket, so it has high ecological validity: customers tasted real jam and tea while shopping. Participants did not know the jars were switched, so demand characteristics were reduced. However, there was less control over extraneous variables such as noise, distraction and the time each customer spent, which makes it less reliable. In contrast, Burke and Srull used laboratory experiments with a standardised procedure, controlling the number, order and content of adverts, so cause and effect between competitive adverts and poorer recall can be established and the studies are easy to replicate. They are also more ethical, as participants knew they were in a study. However, reading a booklet of adverts and being tested soon after is unlike seeing adverts over weeks in everyday life, so they lack ecological validity, and participants may guess the aim and show demand characteristics.

Both explanations are situational. Choice blindness is caused by the change made in the situation, and interference depends on the order and content of the adverts. However, Burke and Srull found an individual factor too, as the participant's motivation when viewing the advert affected recall.

Choice blindness is deterministic, as consumers are unaware of the switch so it is out of their control. Interference is partly deterministic, but consumers can use free will to pay attention to adverts they are interested in.

Hall et al. also used interviews, which allowed follow-up questions about why participants preferred an item, giving rich qualitative data. However, deceiving customers about the switch raises ethical issues, though they were debriefed. Generalisability may also be limited, as Hall et al. studied only Swedish shoppers

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	and two products.
	Overall, the research is useful, as it shows companies that preferences are easily changed and that adverts should be distinctive, but the field and laboratory methods each limit how far the findings can be trusted.
	Section C: Health Psychology
9	Safer et al. found appraisal delay, where people do not recognise symptoms as serious. A national TV advertising campaign with a famous person could show that chest pains can be a sign of a heart attack and show someone going straight to their doctor, having an ECG and being given medication for their heart. Utilisation delay occurs when people worry about costs and time off work. The campaign and leaflets in doctors' surgeries and shops could state that treatment for chest pains is quick and free, and that 24-hour clinics are available, reassuring people so they seek treatment straight away.
10(a)	Tapper et al. (2003) used the entire primary school age range, children aged 4 to 11 years, from three schools in the UK: in Bangor in North Wales, Harwell in Oxfordshire and Salford in Manchester.
10(b)	It is important because eating habits form in childhood, so a healthy eating strategy such as Food Dudes can be introduced in schools while children are young. The children can then be followed up as adults to see whether the strategy has had a long-term effect on their eating.
11(a)	Mr Sharma could give a short presentation to his class demonstrating how to wash hands correctly and get the students to practise with him. He should use only

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minimal fear arousal, as Janis and Feshbach (1953) found this produced the most change in behaviour. For example, he could mention that germs are passed from person to person through poor hand-washing and can cause mild illnesses such as colds and the flu.

He could also put up posters in the classroom and corridors showing photographs of each step of hand-washing and how germs spread. Because the fear is mild, students will not be distressed, so it is ethical, and they will be motivated to wash their hands correctly to avoid becoming unwell.

11(b) One practical problem is that students already have a habit of washing their hands in a certain way that they have used for years. This is automatic, so a short presentation and posters with minimal fear may not be enough to break the habit, especially when no teacher is watching them in the toilets.

12(a) Biofeedback is a psychological therapy to manage stress. A device monitors a physical process such as heart rate, blood pressure or muscle tension and gives the patient immediate feedback, for example a tone. The patient learns to use relaxation to change the feedback, which reduces the physical symptoms of stress.

Budzynski et al. (1969) studied 15 patients with tension headaches, randomly allocated to three conditions. All were connected to the device and told to relax their forehead muscle as deeply as possible. The experimental group was told the tone would vary with muscle tension and to keep it as low as possible. A second group heard a constant low tone (irrelevant feedback) which they were told would help them relax, and a third, silent group had no tone. Mean muscle tension was measured over five sessions. The feedback group had a significantly greater reduction in muscle tension than the other two groups.

Stress inoculation training (Meichenbaum) is a form of CBT used to prevent stress, with three phases. In conceptualisation, the client discusses the nature of

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the problem with the therapist and learns about stressors and how they affect the body. In skills acquisition and rehearsal, the client is taught relaxation and problem-solving techniques and practises them in sessions. In application and follow-through, the client uses the skills in real life between sessions and discusses progress with the therapist, making changes as needed.

12(b) Both techniques involve free will. Patients choose to take part, practise relaxation or problem-solving in sessions and then decide to apply these skills in everyday life. Although stress and illnesses such as tension headaches may be determined by factors outside the patient's control, both therapies assume patients can use free will to manage or prevent their stress. However, biofeedback is partly deterministic, as relaxation is shaped by the feedback (operant conditioning), whereas SIT gives more personal control as the client chooses which coping skills to use.

Both have strong applications to everyday life and research shows they are effective. Budzynski et al. found a significant reduction in muscle tension, and SIT is used with real clients, so these are genuine reductions in stress. Budzynski used an experiment with random allocation and two control groups, so the reduction can be put down to the feedback itself rather than simply relaxing, and objective quantitative measures of muscle tension increase reliability.

However, generalisability is limited, as Budzynski studied only 15 patients, all with tension headaches, so it is unclear whether biofeedback works for other stress conditions. Biofeedback also needs expensive equipment and only treats the symptoms, while SIT tackles the causes of stress and so may be more effective in the long term.

Biofeedback is situational, as the patient responds to the feedback, while SIT is both situational, as stressors in the client's life are identified, and individual, as the problem-solving techniques are unique to each person.

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	Ethically, Budzynski met guidelines and patients benefited, although the two control groups gained less reduction in headaches. SIT can be upsetting, as clients discuss their stressors and some techniques may fail, but its long-term aim is to reduce stress so it is ethical. Overall, both are useful, though SIT is the more complete approach.
	Section D: Organisational Psychology
13	Specific: each member of the sales team will contact the buyers in grocery stores to persuade them to stock the company's chocolate. Measurable: each employee must make 8 contacts with grocery store buyers. Attainable: 8 contacts is achievable for one person in a month. Relevant: contact must be with the buyers or purchasing department, as they decide which chocolate the store stocks. Time-based: completed within the next month.
14(a)	The nomothetic approach aims to establish general laws of behaviour that apply to all people. For example, Deci and Ryan's theory suggests that all workers are motivated by the psychological needs for competence, autonomy and relatedness.
14(b)	One strength is that it has good applications to everyday life, as general laws can be applied to all employees. For example, any organisation can increase motivation by giving workers more autonomy, such as choosing how to complete their tasks, and by giving informational rewards that show appreciation and build competence.
15a(i)	A worker who took bicycle parts home could say the company deserved it. Their pay is very low, so taking the parts makes up for being treated unfairly by the factory.

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15a(ii)	Samir could hold a meeting between workers and senior management to discuss grievances such as low pay. Management could then make changes, such as raising hourly pay, so workers feel fairly treated and do not express their dissatisfaction through sabotage.
15(b)	One weakness is that workers may not feel able to be open about their grievances in front of management. They may worry that their job could be at risk or made harder, so the real problems are not raised and sabotage continues.
16(a)	Kouzes and Posner's Leadership Practices Inventory (LPI) measures how far a leader engages in the five practices of exemplary leadership: model the way, inspire a shared vision, challenge the process, enable others to act and encourage the heart. There are six behavioural statements for each practice, so 30 behaviours are rated on a ten-point scale from 1 (almost never) to 10 (almost always). The leader rates themselves and observers, such as their manager and co-workers, also rate them, so each practice gets a score from 6 to 60. Scores can be compared with over a million other leaders who have taken the LPI. Observers also answer open-ended questions, such as "What would you like to see this leader do more of?", which are shown in the leader's final report. Kelley (1988) described five followership styles based on whether followers are active or passive and whether they think independently and critically. Sheep are passive and uncritical, lacking initiative and responsibility. Yes people are committed to the leader but depend on them for inspiration and are uncritical and conformist. Alienated followers are critical and independent in their thinking but passive in carrying out their role. Survivors (pragmatists) are good at surviving change; they are conservative and wait until most of the group supports a new idea, "better safe than sorry". Effective (star) followers think for themselves and

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carry out their duties with energy and effectiveness.

16(b) The LPI is a psychometric test, which is a strength. It is a standardised self-report, so it is reliable, and it produces quantitative scores, allowing comparisons between the five practices, between departments and over time, and against more than a million other leaders. However, employees may interpret the statements differently, reducing reliability, and both leaders and observers may give socially desirable answers, for example a co-worker rating their manager highly in case the manager sees it, which lowers validity. The open-ended questions add some qualitative depth, but most answers are limited to a number.

Both have useful applications. The LPI can be used in appraisals, as low scores show where a leader needs to improve, and identifying each employee's follower type means jobs and recruitment can be matched to the best type of follower. However, both may be culturally biased, as they were developed in Western companies. "Enable others to act" reflects a Western view where leaders share responsibility, which may not suit countries where leaders are expected to make every decision. Kelley assumes all follower types can add value, whereas non-Western companies may value uniformity and only want followers who follow instructions.

Both are nomothetic, giving general laws about leaders and followers, which allows comparisons, though the LPI also gives an idiographic report unique to each leader. Kelley's styles are on the nature side of the debate, suggesting follower type is something we are born with, which ignores how a good leader or training could turn sheep into effective followers. They are also reductionist, putting complex people into just five categories.

Overall, the LPI is a reliable and useful psychometric tool, but social desirability and cultural bias limit the validity of both, so they should be used alongside other evidence.