

Specimen Paper Answers – Paper 3

Cambridge International AS & A Level Psychology 9990

For examination from 2024



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Introduction

These specimen answers have been produced by Cambridge ahead of the examination in 2024 to exemplify standards for those teaching Cambridge International AS & A Level Psychology 9990. In this booklet, we have provided examples for Specimen Paper 03 structured and essay questions; a high response for the structured questions 1, 2, 3, and a high and middle-level answer for the essay questions 4(a) and (b).

The marks given are for guidance only and are accompanied by a brief commentary explaining the strengths and weaknesses of the answers. Comments are given to indicate where and why marks were awarded, and how additional marks could have been obtained.

The mark schemes for the Specimen Papers are available to download from [School Support Hub](#).

2024 Specimen Paper 03

2024 Specimen Paper Mark Scheme 03

Past exam resources and other teaching and learning resources are available from the [School Support Hub](#)

Details of assessment

The syllabus for Cambridge International AS & A Level Psychology is available at www.cambridgeinternational.org

Paper 3 – Specialist Options: Approaches, Issues and Debates

Written paper, 1 hour 30 minutes, 60 marks

This paper contains four specialist options. Candidates answer questions from the two options they have studied.

Candidates answer **all** the questions from these two specialist options.

There are four questions for each specialist option. Each specialist option will consist of:

- Short answer questions. There will be three questions consisting of structured short answer questions worth a total of 14 marks.
- Structured essay question, divided into two parts. There are 6 marks for the part (a) 'describe' question and 10 marks for the part (b) 'evaluate' question. The question will be based on a different topic area from those tested in the short answer questions.

Questions will require candidates to consider the subject content of the specialist options and approaches, issues and debates. The questions will be based on three topics or sub-topics within the studied specialist options. The topic areas for each specialist option will be different to the topic areas assessed in Paper 4.

Question 1

James has a mood (affective) disorder and has started to receive rational emotive behaviour therapy (REBT). At the first session, James tells the therapist that he has been having problems at work. He feels that he has nothing to contribute in his team. He also thinks that his manager does not like him and this is causing him distress.

Explain how REBT can help James with his distress. [4]

Specimen answer – high

REBT could help James with his distress about work. James believes that he has nothing to contribute and that his manager doesn't like him. The therapist will work with James to challenge these beliefs. James will be given homework each week and he can keep track of instances where he feels like he has nothing to contribute to the team (the activating agent and beliefs). The therapist can talk to James about why he feels he has nothing to contribute and challenge whether this is true. It could be that James did have ideas to contribute but because of his feelings he didn't say anything at his team meeting.

Mark awarded = 3 out of 4

Examiner comment

This response meets the criteria for 3–4 marks as there is good understanding of REBT shown and the response applies REBT to James' distress at work which is the requirement of this AO2 question. To improve on this response, the candidate does not need to restate the information in the question about James' beliefs about work. This does not gain any marks and if done for every question it will waste time which could be used answering the question. The response does explain how the therapist can challenge James' feelings and offers a possible alternative explanation that James did have ideas to contribute. To improve the response the candidate should then refer to the effect that this alternative belief would have on reducing James' distress.

Common mistakes

- A common mistake is to provide a general outline of REBT without specific reference to James or what is causing his distress. This response manages to avoid this by relating the response to the situation throughout but does waste some time by restating information provided in the question.
- Another error is to explain how therapy might help James, without specific reference to REBT.

Question 2

(a) Outline what is meant by the nature versus nurture debate.

[2]

Specimen answer – high

The nature side of the debate is where behaviour is caused by genetics. The nurture side of the debate is where behaviour is caused by our environment.

Mark awarded = 2 out of 2

Examiner comment

The response correctly identifies the two sides of the debate. In each instance, they describe the correct definition of the debate. The response is clear with a focus on description for this AO1 question and is awarded full marks.

Common mistakes

- Candidates must describe both sides. A response which only defines nature or nurture would only score a single mark.
- Another error is to state nature is genetics and nurture is environment without relating this to human behaviour. This would be an incomplete response.

(b) Explain **one** weakness of explanations for impulse control disorders from the nature side of the debate.

[2]

Specimen answer – high

One weakness is that the nature side of the debate suggests that impulse control disorder is caused by genetic factors. Our genetics is something that is outside of our control so a person with impulse control disorder has no control over developing it. This explanation is deterministic and therefore the person would not benefit from any talking therapy to help them to overcome this disorder.

Mark awarded = 2 out of 2

Total mark awarded = 4 out of 4

Examiner comment

This response is a detailed explanation of the weakness in context and is awarded full marks for this AO3 question. The response starts by restating that the nature side of the debate would imply genetic factors, but then correctly identifies that a deterministic explanation is a potential weakness in the context of impulse control disorder. The response shows understanding of a deterministic explanation of impulse control disorder by stating ‘a person with impulse control disorder has no control over developing it’ and gives details of why this would be a weakness ‘the person would not benefit from any talking therapy’.

Common mistakes

- A common mistake in this type of question is to give a general outline of a weakness of the nature side of the debate without specific reference to impulse control disorder or without an explanation of why this would be a weakness.
- Another mistake is for the candidate to give a general outline of a weakness of an explanation for impulse control disorder without any reference to the nature side of the debate.

Question 3

(a) Asha is a student at school who has been diagnosed with bipolar disorder.

Explain how **two** characteristics of this disorder might affect Asha at school. [4]

Specimen answer – high

Asha could experience impulsiveness during her high-mood phase. This might make it difficult for Asha to behave while in her lessons at school. Her impulsiveness might mean she finds it difficult to stay in her seat or work quietly on a piece of work.

She also will experience a low-mood phase that will make her feel depressed and she won't want to do anything. Asha may stay at home during her low-mood phase and not attend school so miss out on all her classes.

Mark awarded = 4 out of 4

Examiner comment

This is an AO2 Application question where candidates are expected to demonstrate how psychology is applicable to this particular scenario. This question asks for two characteristics and is marked with up to two marks available for each explanation.

This response explains two different characteristics of bipolar disorder and how they might affect Asha at school. This response clearly identifies which phase of bipolar disorder each characteristic is associated with but could equally effectively have used two examples from either the high- or low-mood phases.

There are also good explanations of the effects that the characteristic would have on Asha at school. It is important that the response states the effect on Asha's schooling and states at the end that Asha would 'not attend school so miss out on all her classes' rather than just stating that she would stay at home.

Common mistakes

- Candidates identify only one characteristic or focus on one characteristic and do not provide a good explanation of the second characteristic.
- Candidates do not link the effect of the characteristic to Asha at school (e.g. so miss out on all her classes).
- Candidates explain the effect without identifying the characteristic (e.g. someone with bipolar would stay at home and not attend school so miss out on all the classes) without explaining why this is a characteristic of bipolar disorder (e.g. a low-mood that will make her feel depressed and she won't want to do anything).

(b) Explain **one** strength of the diagnostic guidelines of mood (affective) disorders. [2]

Specimen answer – high

One strength of the diagnostic guidelines is these guidelines are objective and created by experts in Psychology. They provide clear symptoms of various mood disorders such as low mood including both unipolar and bipolar disorder. Therefore, the patient is going to be given an accurate diagnosis from which a treatment plan can be developed.

Mark awarded = 2 out of 2

Total mark awarded = 6 out of 6

Examiner comment

This question is an AO3 evaluation question asking for one strength of the diagnostic guidelines of mood (affective) disorders. This response has provided three strengths (objective, created by experts and clear symptoms). The best of the three strengths has been credited (clear symptoms). This strength is put into the context of mood (affective) disorders and is further explained by outlining that an accurate diagnosis can be reached which would lead to a treatment plan. To improve, the candidate should focus on one strength in more detail.

Common mistakes

- Candidates do not put the strength into the context of mood (affective) disorders or state a strength without an explanation.
- Candidates identify more than one strength of the diagnostic guidelines but don't include an explanation.

Question 4

(a) Describe the psychological explanations (cognitive, behavioural and psychodynamic) of obsessive-compulsive disorder (OCD).

[6]

Specimen answer – high

The cognitive explanation of OCD is that the patient is experiencing intrusive thoughts that are very distressing. An example of this is that they will become severely ill if they touch any surfaces. The patient believes that the thought is true and will obsess over it. The more the patient pays attention to these intrusive thoughts the more likely it is that they will recur as the mind believes these thoughts are important.

This is connected to the behavioural explanation as the patient will act on their intrusive thoughts. In the example above, they will avoid situations where they have to touch surfaces and also clean themselves extensively after touching anything. This behaviour helps them to feel less anxious and acts as a negative reinforcement for the behaviour, so it is repeated over and over again and becomes compulsive. The worry about becoming ill is removed due to avoiding surfaces so it reinforces the avoidance of surfaces in the future.

Finally, there is the psychodynamic explanation which suggests OCD can start at the anal stage of development. It is suggested that someone can become stuck at this stage and engages in compulsive behaviour later in life in order to resolve the conflict that did not get resolved during the anal stage. The child may have been taught that defecating is unhygienic and the super-ego demands that the patient, later in life, engage in compulsive cleaning in order to satisfy the needs of the super-ego.

Mark awarded = 6 out of 6

Examiner comment

The 6-mark questions are marked using a levels-based mark scheme.

This response achieves in the top level as it addresses the requirements of this AO1 question with accurate and detailed description of the cognitive, behavioural and psychodynamic explanations of obsessive-compulsive disorder (OCD).

The description of the cognitive explanation of OCD has a very good focus on the cognitive features of the disorder by stating that the patient experiences 'intrusive thoughts'. The description provides some detail through an example and clearly explains why the intrusive thought develops into OCD by stating that 'the patient believes the thought is true' and also that 'the more the patient pays attention to these intrusive thoughts the more likely it is that they will recur.' This shows that the candidate understands that it is not just intrusive thoughts that cause OCD, but it is the paying attention to and worrying about these thoughts that can lead to this disorder.

The description of the behavioural explanation of OCD is also clear. There is good use of psychological terminology by describing negative reinforcement and how acting on intrusive thoughts can become compulsive. It is useful for this candidate to continue with their example from the cognitive explanation when describing the behavioural explanation to highlight the differences between these explanations. The

candidate shows an excellent understanding that the behavioural explanation of OCD has a focus on the behaviour of the patient and how obsessive behaviour leads to a reduction in anxiety and therefore is repeated.

The final description given in the response for the psychodynamic explanation is brief, but clear. Excellent use is made of appropriate terminology, which helps this candidate to show their understanding of this explanation and how it applies to OCD. To improve, this candidate could have explained how the cleaning behaviour is an ego-defence mechanism.

The answer shows very good knowledge and understanding of the three explanations and has fulfilled the elements laid out in the mark scheme.

Specimen answer – middle

The cognitive explanation of OCD is where a person has obsessive thoughts such as wanting to keep themselves clean. These thoughts are very upsetting for the person and in order to reduce these thoughts they will try to keep things clean. However, the thoughts will continue even after cleaning.

The behavioural explanation of OCD is that due to negative reinforcement the person with OCD continues to do the compulsive behaviour. For example, for someone with cleaning OCD they would feel distressed so would excessively clean their home. This would make them feel better temporarily so it would reinforce the cleaning behaviour. The next time they feel similar anxiety they would clean again to reduce the anxiety.

The psychodynamic explanation of OCD is that the super-ego and id are in conflict with each other. The compulsive behaviour is how the ego resolves this conflict.

Mark awarded = 3 out of 6

Examiner comment

The 6-mark questions are marked using a levels-based mark scheme.

This response achieves a mark in the 3–4 mark level as the descriptions for this AO1 question are sometimes accurate but lack in detail. There is some good understanding, but this is inconsistent throughout the response. In addition, there is some use of accurate psychological terminology which is sometimes explained as in the behavioural section but sometimes used without explanation such as in the psychodynamic section.

The description of the cognitive explanation of OCD does have some accurate details; it mentions upsetting obsessive thoughts and that these thoughts will be repeated. To improve, the candidate could explain that stressful situations would make the obsessive thoughts increase. In addition, the candidate could explain that although most people have intrusive thoughts it is the paying attention to and believing the thoughts that can lead to the development of OCD.

The description of the behavioural explanation of OCD is the best of the three explanations. It uses appropriate terminology ('negative reinforcement') and gives a clear outline of how this would affect someone with OCD in the example.

The description of the psychodynamic explanation is accurate but very brief. To improve, the candidate could give an example of a conflict between the super-ego and id in the context of OCD. It should then explain how the obsessional behaviour is an ego-defence mechanism used by the ego to resolve this conflict. An example would help the candidate to explain this.

Common mistakes

- Candidates give a general outline of cognitive, behavioural and/or psychodynamic explanations without specific reference to OCD.
- Very lengthy descriptions of the three explanations which do achieve full marks but leave less time to answer the other questions in the exam paper.

(b) Evaluate the psychological explanations (cognitive, behavioural and psychodynamic) of obsessive-compulsive disorder (OCD), including a discussion of individual and situational explanations. [10]

Specimen answer – high

One issue that can be applied to these explanations is the individual and situational explanations. The behavioural explanation can be seen to be situational as the patient with OCD will experience anxiety due to the situation that they are in such as seeing unclean surfaces. If the patient with OCD avoids these situations, then their anxiety will be lower. However, this explanation can also be seen as individualistic as each individual will be different in terms of what causes them anxiety. Some patients may feel anxious in disordered environments and others may feel anxious in unclean environments. To conclude, this explanation offers both an individual and situational explanation and also highlights how these two explanations intersect. The situation that causes anxiety will be different for each individual but the reaction to that situation will be the same (high levels of anxiety). The cognitive explanation is similar in offering both individual and situational explanations. The type of obsessive thinking will be unique to each person (e.g. thoughts about hygiene, order, etc.) and is therefore individualistic. However, stressful situations can cause all patient with OCD to feel more anxious and experience more intrusive thoughts.

A second issue that can be applied is the nature versus nurture debate. The behavioural explanation is on the nurture side of the debate. It explains how OCD can develop through learning via negative reinforcement. The patient learns that anxiety can be reduced by doing compulsive behaviour and so repeats this behaviour every time they feel anxious. Patients with OCD can become hyperaware of the parts of their environment that are linked to their OCD and this can cause anxiety to become worse overtime. So that patient continues to engage in compulsive behaviour more and more as they have learned this will reduce their anxiety. The psychodynamic explanation is similar to the behavioural explanation as it suggests that it is the early life experiences during the anal phase of development that affect whether a person develops OCD later in life. If these experiences are positive and the anal phase is successful in childhood, OCD will not develop. However, if there are unresolved conflicts then OCD can develop. However, the psychodynamic explanation in contrast to the behavioural explanation

also supports the nature side of the debate. It suggests that everyone will experience the psychosexual stages of development. Everyone will go through the anal phase of development which suggests this is innate. To conclude, the behavioural explanation is solely on the nature side of the debate whereas the psychodynamic explanation supports both sides of the debate. The final evaluation point is determinism versus free-will. The cognitive explanation supports both sides of this debate. It suggests that the thoughts are 'intrusive' so the patient doesn't have control over them. In addition, stressful situations (which often the patient can't control) can make these thoughts more frequent or of greater intensity. However, the patient can learn some control over their condition by going for therapy such as exposure and response prevention. The patient has the free-will to expose themselves to the things they are frightened of and can then experience their anxiety levels lowering. As the anxiety levels drop, the patient will experience fewer obsessive thoughts. In contrast, the psychodynamic explanation offers a deterministic explanation as it suggests that the cause of OCD occurs during childhood. The anal phase of development happens when we are very young so we would not have much control over how we are treated during this phase. To conclude, the cognitive explanation offers both a deterministic and free-will explanation suggesting that OCD cause is deterministic due to the obsessional thinking but the patient can gain control over their disorder with the help of therapy. The psychodynamic explanation is more deterministic as it suggests the disorder develops in childhood where we have less free-will.

Mark awarded = 10 out of 10

Examiner comment

The 10-mark questions are marked using a levels-based mark scheme.

This response achieves a mark in the top level as it addresses the requirements of this AO3 question by providing a detailed evaluation of the three psychological explanations (cognitive, behavioural and psychodynamic) described in part (a) and included a discussion of individual and situational explanations as well as a good range of other issues.

The response starts with the named issue and a clear explanation of why the behavioural explanation can be considered both situational and individual is given. Good examples back up the points made. A clear comparison is made to the cognitive explanation which provides the analysis required for this question. Brief, but clear examples are given for the cognitive explanation. To improve, the candidate could have started their paragraph with a definition of the issue, although for this candidate it is clear from their response that they understand the meaning of situational and individual explanations. There could also have been another example given for the cognitive explanation but as the evaluation of the behavioural explanation is detailed this isn't necessary in order for this to be considered a full mark response.

The response then continues with two more evaluation issues. This meets the Level 5 requirement of a range of issues. Clear examples are given for both the behavioural and psychodynamic explanation as to why they support the nurture side of the debate. The response then gives a comparison which meets the requirement for analysis, for why the psychodynamic explanation could also be considered to support the nature side of the debate. There is also a conclusion at the end to summarise the issue.

The final evaluation point of determinism versus free-will is detailed and very clear with good examples given for both cognitive and the psychodynamic explanations. The analysis is very good with the examples explaining why the cognitive explanation is somewhat deterministic as the patient with OCD cannot control

their intrusive thoughts. It is useful that the candidate has brought in the therapy to show how the patient can gain some control and is a good example to explain their point that the explanation can also be considered from the free-will point of view. To improve, the candidate could give a definition of the debate at the beginning of the paragraph although similar to the other issues, it is clear that this candidate understands both of these terms.

Specimen answer – middle

The individual and situational explanation can be applied to the behavioural explanation as the person with OCD has learned to do their compulsive behaviour due to their environment/situation. The unclean environment is prompting their obsessive behaviour. In contrast, the psychodynamic explanation is individual as the conflict that exists between the super-ego and id will be unique to everyone. The type of compulsive behaviour that the ego uses will also be different (e.g. some people will clean, others will check things obsessively).

The second issue is the nature versus nurture debate. Nature is what we are born with and nurture is what we learn through experience. The behavioural explanation is on the nurture side of the debate as OCD is learned through negative reinforcement. The person learns that cleaning, for example, lowers their anxiety so they continue to do this behaviour until it becomes obsessional. In contrast, the psychodynamic explanation is due to nature. Everyone is born with an id, ego and super-ego.

The third issue is idiographic versus nomothetic. The psychodynamic explanation offers both an idiographic and nomothetic approach to the development of OCD. The explanation has a general law that everyone with OCD will have it because of their unresolved conflict between the id and the super-ego. However, it also suggests that everyone will have their own individual experience of this conflict and so there are different types of OCD. In contrast, the cognitive explanation is nomothetic as it gives a general law that it is the obsessive thoughts that are the cause of OCD.

The fourth issue is reductionism. The behavioural explanation is reductionist as it ignores the cognitive and psychodynamic explanations. Similarly, the cognitive explanation ignores biological causes as well as the psychodynamic explanation.

The fifth issue is determinism. The cognitive explanation is deterministic as the person has no control over their obsessive thoughts.

Mark awarded = 5 out of 10

Examiner comment

The 10-mark questions are marked using a levels-based mark scheme.

This response achieves a mark in Level 3 with some detailed evaluation, but with limited analysis and including a discussion of individual and situational explanations along with several other issues in varying levels of detail.

The first evaluation point is the named issue and there is some detailed explanation given as to why the behavioural and psychodynamic explanations are either situational or individual. The selection of evidence is appropriate and is effective. There is also some limited analysis as the candidate correctly identifies that the two explanations are 'in contrast' to each other in terms of this issue. To improve, the candidate could give a definition of the issue at the beginning of their answer to show understanding of the issue. In addition, the candidate could provide a comparison within one (or both) of the explanations that the explanation can be considered to be both situational and individual with some examples to explain why this is the case. Or the candidate could explain a strength and a weakness of having a situational/individual explanation and apply this to the behavioural and psychodynamic explanations.

The second evaluation point, nature versus nurture, starts well with a definition of the issue and a clear example of why the behavioural explanation supports the nurture side of the debate. There is an indication of analysis through a comparison with psychodynamic, but the example given is not correct as this explanation is that we are born with an id and our ego and super-ego develop later in childhood. To improve, this candidate needs to give an example of how the psychodynamic explanation support the nature side of the debate (e.g. everyone has an id, ego and super-ego and these will develop during childhood and everyone experiences the psychosexual stages of development). In addition, the psychodynamic explanation also supports the nurture side of the debate (e.g. through childhood experiences which effect the id, ego and super-ego).

The third evaluation point, idiographic versus nomothetic, does give a good explanation of why the psychodynamic explanation supports both approaches and a clear comparison is made. There is a very brief evaluation of the cognitive explanation for OCD which could be extended with an example. In addition, this candidate could explain how the cognitive explanation is also idiographic in a similar way to the psychodynamic explanation.

The fourth and fifth evaluation issues are very brief and do not give any examples to explain why the candidate thinks the explanations are reductionist or deterministic. To improve, this candidate is also under the impression that explanations are either reductionist or not or deterministic or not and could use examples to present a more balanced view. In addition, it would be better for this candidate to focus on the first three evaluation issues and give more examples to back up their points rather than attempting to cover five.

Common mistakes

- Candidates cover the named issue in detail but no other issues.
- Candidates do not cover the named issue at all.
- When candidate give too few examples to explain evaluation points.
- Candidates do not give definitions of the issue (and it is unclear from the evaluation that the candidate understands this issue).
- There is no analysis or very limited analysis (e.g. using the phrases 'similarly' and 'in contrast' without explaining why the explanations, treatments, theories, etc. are similar or in contrast).
- An extreme view is presented (e.g. an explanation is fully deterministic) rather than a balanced explanation of how an explanation could be considered to support both sides of an issue or debate.

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