

CAMBRIDGE INTERNATIONAL EXAMINATIONS

Pre-U Certificate

MARK SCHEME for the May/June 2014 series

9773 PSYCHOLOGY

9773/02

Paper 2 (Methods, Issues and Applications),
maximum raw mark 60

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

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

Cambridge will not enter into discussions about these mark schemes.

Cambridge is publishing the mark schemes for the May/June 2014 series for most IGCSE, Pre-U, GCE Advanced Level and Advanced Subsidiary Level components and some Ordinary Level components.

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1 Methodology

(a) Describe two findings from the study by Veale and Riley on body dystrophic disorder. [4]

Possible findings include:

- 44 out of the 52 (84.6%) BDD patients and 16 out of 54 (29.6%) control subjects reported that they had a “long session” in front of the mirror each day. Of those subjects that reported using a mirror for a long session, BDD patients used a mirror for far longer than controls.
- 45 BDD patients (86.5%) and 43 controls (79.6%) reported that they had one or more “short sessions” in front of a mirror. BDD patients checked mirrors more frequently than controls for the short sessions. However there was no difference between BDD patients and controls for the average duration of each short session.
- BDD patients also spontaneously reported that they were more likely to use the mirror if they were feeling depressed.
- BDD patients were more likely: (a) to compare what they see in front of a mirror with an image in their mind of how they think they should ideally look or (b) try to see something different in the mirror.
- BDD patients listed a range of other behaviours that they engaged in whilst in front of the mirror. These included “washing rituals”; “combing my eyebrows”; “studying my eyes, hair and skin to observe the effect of stress on the ageing process”; “pulling my features or squashing my nose to see how I’d look if I had plastic surgery”; “pull ugly faces to prove how disgusting I am” or “I try to permanently fix my image mentally”.
- For both short and long mirror sessions, BDD patients rated themselves retrospectively as significantly more distressed than controls before any gazing (see Table 1). For long mirror sessions, the BDD patients continued to be more distressed than controls after mirror gazing.
- For a long session in front of the mirror BDD patients were more likely than controls to focus their attention on an internal impression or feeling (rather than their external reflection in the mirror), but not for a short session.
- BDD patients were also more likely to focus their attention on specific parts of their appearance during a long session (rather than the whole of their appearance).

Please note that data is not necessary for full marks.

NOTE: any appropriate finding can receive credit; the hints are for guidance only.

1 mark for basic finding, e.g. ‘BDD patients were more likely to focus their attention on specific parts of their appearance’, 2 marks for elaboration, such as reference to the other condition or the addition of data to support the findings. Twice.

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(b) Explain two possible biases in this study and suggest ways in which these biases can be overcome. [8]

Possible biases include:

- Sampling bias – a group of 55 controls were recruited from personal contacts. This means that they might have selected participants that were sympathetic to the research, and thus potentially do not represent the general population in terms of their personality characteristics.
- Experimenter bias – the experimenter might have consciously or unconsciously affected the behaviour of the participants. For example, when informing participants that the aim of the study was to investigate the feelings they had in front of the mirror in the last month, he might have given out subtle clues in his body language or tone of voice that might have affected participant responses.
- Demand characteristics – they were informed that the experimenters were interested in the feelings that they had in front of a mirror during the past month. Participants' awareness of the research aim might have altered their responses to match those of the experimenters. For example, they might have exaggerated their symptoms to please the experimenters and possibly receive more attention/treatment.
- Social desirability – the controls might have given socially acceptable answers. Since they were not diagnosed with BDD or any other mental disorder, they might have wanted to appear as normal as possible and thus may have not answered the questions honestly.

1 mark for identification of a possible bias, e.g. 'A group of 55 controls were recruited from personal contacts' and a further mark for an explanation. Twice.

Please note that candidates can explain two different instances of demand characteristics and still receive the full marks.

The biases can be overcome by:

- Selecting participants using a different sampling method such as random sampling.
- Making sure that the experimenters are not aware that the participants are suffering from BDD or not when tested.
- Not fully disclosing the aim of the research.
- Allow participants' answers to remain anonymous.

NOTE: any appropriate answer can receive credit; the hints are for guidance only.

1 mark for a suggestion as to how biases can be overcome, e.g. selecting participants using random sampling, and 1 mark for elaboration, such as description of the procedure of the change. Twice.

Please note that the suggestions need to directly link to the two identified biases.

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(c) Using examples from research, debate the use of snapshot studies when investigating abnormal behaviour. [8]

Strengths and weaknesses need to be closely related to the area of abnormality.
Strengths and weaknesses need to be fully explained and not merely identified.
At least one strength and one weakness are required for full marks.

Strengths can include:

- Quicker and most cost effective.
- Less subject attrition.
- Allows researchers to compare individuals/groups and identify differences.
- Less likely to become attached to participants.

Weaknesses include:

- Are not useful when investigating the development of behaviour.
- Cannot investigate the long term effects of treatments or exposure to certain situations.

NOTE: any appropriate evaluation point can receive credit; the hints are for guidance only.

Examples can come from any research that investigates abnormality, such as Freud's study of Little Hans and the study of Veale et al. on BBD.

| | marks |
|--|--------------|
| <p>Debate (balance of positive and negative points) is comprehensive. Quality and depth of argument (or comment) is impressive. Selection and range of arguments is balanced and competently organised into issues / debates, methods or approaches. Effective use of appropriate supporting examples which are explicitly related to the question. Analysis (valid conclusions that effectively summarise issues and arguments) is evident throughout. Evaluation is detailed and quality of written communication is very good. Understanding and usage of psychological concepts, issues and approaches is extensive.</p> | 7–8 |
| <p>Debate (positive and negative points) is very good. Quality and depth of argument (or comment) is clear and well developed. Selection and range of arguments is balanced and logically organised into issues / debates, methods or approaches. Good use of appropriate supporting examples which are related to the question. Analysis (key points and valid generalisations) is often evident. Evaluation is quite detailed and quality of written communication is very good. Understanding and usage of psychological concepts, issues and approaches is competent.</p> | 5–6 |

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| <p>Debate (positive and negative points) is good. Quality and depth of argument (or comment) is reasonable. Selection and range of arguments may be imbalanced with some organisation into issues/debates, methods or approaches evident. Reasonable use of appropriate supporting examples which are related to the question. Analysis (key points and valid generalisations) is sometimes evident. Evaluation has some detail and quality of written communication is good. Understanding and usage of psychological concepts, issues and approaches is good.</p> | 3–4 |
| <p>Debate (positive and negative points) is reasonable. Quality and depth of argument (or comment) is adequate. Selection and range of arguments is often imbalanced with attempted organisation into issues/debates, methods or approaches evident. Some use of appropriate supporting examples which are often peripherally related to the question. Analysis (key points and valid generalisations) is discernible. Evaluation has little detail and quality of written communication is adequate. Understanding and usage of psychological concepts, issues and approaches is sufficient.</p> | 1–2 |
| No or irrelevant answer. | 0 |

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2 Issues, Approaches and Perspectives

- (a) Using examples from research, describe two assumptions of the developmental approach in psychology. [6]

NOTE: any appropriate answer can receive credit; the hints are for guidance only.

Any relevant research will be credited. Research can be taken from key studies, from further research or from 'explore more'. Research can be taken from a Paper 3 option. The choice of research will reflect the synoptic nature of the whole 2–year course.

1. Nature and nurture influence behaviour.
2. Early life is important for determining later development.
3. Development is an ongoing process and abilities and behaviours change over a life-time.
4. All parts of people (emotional, cognitive, attachment and learning) develop though life.

| | marks |
|---|--------------|
| Description of the two assumptions is accurate, includes most aspects and has elaboration. The candidate clearly understands what they have written. Effective use of appropriate supporting examples which are explicitly related to the question. | 5–6 |
| Description of the two assumptions is accurate, has some elaboration, and some understanding. Good use of appropriate supporting examples which are related to the question. | 3–4 |
| Description of the two assumptions is basic with little or no elaboration, with little understanding. Reasonable use of appropriate supporting examples which are related to the question. | 1–2 |
| No or irrelevant answer. | 0 |

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(b) Compare the developmental approach with the physiological approach when investigating the ability to maintain friendships. [6]

The question requires not only knowledge of the developmental and physiological approach but also the ability to compare these approaches. Furthermore, it requires candidates to apply their knowledge of the approaches to explain the ability to maintain friendships.

Answers are likely to make reference to:

- Attachments in childhood affect the ability to maintain relationships.
- Experiences with adults/role models determines the way we approach friendships.
- Inherited temperament/personality characteristics that promote or do not promote the development of friendships (i.e. extroversion/introversion).
- Some conditions, such as autism, are characterised by the inability to form and maintain friendships, and are thought to have a biological basis.

| | marks |
|---|--------------|
| Comparisons are appropriate. Description of comparisons is accurate and detailed. Relationship of ability to maintain friendships to the comparisons is explicit. Understanding is full. | 5–6 |
| Comparisons are attempted. Description of comparisons is generally accurate with good detail. Relationship of ability to maintain friendships to the comparisons is evident. Understanding is good. | 3–4 |
| Comparisons are attempted. Description of comparisons is evident with some detail. Relationship of ability to maintain friendships to comparisons is evident in parts. Some understanding is evident. | 1–2 |
| No or irrelevant answer. | 0 |

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(c) Using examples from research, discuss problems that psychologists face when studying children in psychological research. [8]

Any relevant research will be credited. Research can be taken from key studies, from further research or from ‘explore more’. Research can be taken from a Paper 3 option. The choice of research will reflect the synoptic nature of the whole 2–year course.

Problems include:

- Ethical issues
- Demand characteristics
- Children can get easily tired, distracted, confused.

| | marks |
|--|--------------|
| <p>Explanations are accurate and use of psychological terminology is comprehensive.</p> <p>Description of knowledge (theories/studies) is accurate, coherent and detailed.</p> <p>Understanding (such as elaboration, use of example, quality of description) is very good.</p> <p>Apposite examples are used throughout.</p> <p>The answer is competently structured and organised (global structure introduced at start and followed throughout). Quality of written communication is very good.</p> | 7–8 |
| <p>Explanations are mainly accurate and use of psychological terminology is competent.</p> <p>Description of knowledge (theories/studies) is mainly accurate, coherent and reasonably detailed.</p> <p>Understanding (such as elaboration, use of example, quality of description) is good.</p> <p>Appropriate examples are used throughout.</p> <p>The answer has structure and organisation.</p> <p>Quality of written communication is good.</p> | 5–6 |
| <p>Explanations are basic and use of psychological terminology is adequate.</p> <p>Description of knowledge (theories/studies) is often accurate, generally coherent but lacks detail.</p> <p>Understanding (such as elaboration, use of example, quality of description) is reasonable.</p> <p>Peripherally relevant examples are used throughout.</p> <p>The answer has some structure or organisation.</p> <p>Quality of written communication is good.</p> | 3–4 |
| <p>Explanations and use of psychological terminology is evident.</p> <p>Description of knowledge (theories/studies) is sometimes accurate, has coherence and is brief.</p> <p>Understanding (such as elaboration, use of example, quality of description) is discernible.</p> <p>Examples are used occasionally.</p> <p>The answer has discernible structure or organisation.</p> <p>Quality of written communication is adequate.</p> | 1–2 |
| No or irrelevant answer. | 0 |

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3 Applications

- (a) Describe psychological evidence and/or theories that could be relevant to the issues raised in the source. [10]

Candidates can use any appropriate evidence from any other key theory and study or from any key application and ‘the explore more’ section.

Possible studies/theories include:

- Characteristics of autism.
- Cognitive development studies, such as work by Piaget and Samuel and Bryant.
- Explanations of phobias, such as Freud’s notion of displacement and projection.
- Studies on personal space, such as Felipe and Sommer.
- Studies on the effect of noise on behaviour, such as the study by Donnerstein and Wilson.

| | marks |
|---|--------------|
| <p>Description of knowledge (theories/studies) is accurate, coherent and detailed. Use of terms is accurate and use of psychological terminology is comprehensive.</p> <p>The theories/studies described are wide-ranging.</p> <p>Understanding (such as elaboration, use of example, quality of description) is very good.</p> <p>The answer is competently structured and organised (global structure introduced at start and followed throughout).</p> <p>Quality of written communication is very good.</p> | 10–8 |
| <p>Description of knowledge (theories/studies) is mainly accurate, coherent and reasonably detailed.</p> <p>Use of terms is mainly accurate and use of psychological terminology is competent.</p> <p>The theories/studies described cover a reasonable range.</p> <p>Understanding (such as elaboration, use of example, quality of description) is good.</p> <p>The answer has some structure and organisation.</p> <p>Quality of written communication is good.</p> | 5–7 |
| <p>Description of knowledge (theories/studies) is often accurate, generally coherent but lacks detail.</p> <p>Use of terms is basic and use of psychological terminology is adequate.</p> <p>The theories/studies described cover a range.</p> <p>Understanding (such as elaboration, use of example, quality of description) is reasonable.</p> <p>The answer has some structure and organisation.</p> <p>Quality of written communication is good.</p> | 4–3 |

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| <p>Description of knowledge (theories/studies) is sometimes accurate, has some coherence, but is brief. Use of terms and use of psychological terminology is discernible. The theories/studies described cover a narrow range. Understanding (such as elaboration, use of example, quality of description) is sufficient. The answer has a little structure and/or organisation. Quality of written communication is adequate.</p> | 1–2 |
| No or irrelevant answer. | 0 |

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- (b) Explain the issues raised in the source using the evidence and/or theories you described in part (a). [10]

Candidates are required to apply their knowledge of the studies and/or theories described in part (a) to explain the events raised in the source. At least two events need to be explained with the evidence explicitly applied to the source.

| | marks |
|---|-------|
| <p>Quality of explanation and depth of argument is impressive. Application of knowledge (theories / studies) described in part (a) is accurate, coherent and detailed. Use of terms is accurate and use of psychological terminology is comprehensive. Understanding (such as elaboration, use of example, quality of description) is very good. The answer is competently structured and organised (global structure introduced at start and followed throughout). Quality of written communication is very good. Relationship to the events raised in the source is explicit.</p> | 10–8 |
| <p>Quality of explanation and depth of argument is very good. Application of knowledge (theories / studies) is mainly accurate, coherent and reasonably detailed. Use of terms is mainly accurate and use of psychological terminology is competent. Understanding (such as elaboration, use of example, quality of description) is good. The answer has some structure and organisation. Quality of written communication is good. Relationship to the events raised in the source is evident.</p> | 5–7 |
| <p>Quality of explanation and depth of argument is competent. Application of knowledge (theories / studies) is often accurate, generally coherent but lacks detail. Use of terms is basic and use of psychological terminology is adequate. Understanding (such as elaboration, use of example, quality of description) is reasonable. The answer has some structure and organisation. Quality of written communication is good. Relationship to the events raised in the source is evident in parts.</p> | 4–3 |
| <p>Quality of explanation and depth of argument is basic. Application of knowledge (theories / studies) is sometimes accurate, has some coherence but is brief. Use of terms and use of psychological terminology is discernible. Understanding (such as elaboration, use of example, quality of description) is sufficient. The answer has little structure and / or organisation. Quality of written communication is adequate. Relationship to the events raised in the source is implicit.</p> | 1–2 |
| No or irrelevant answer. | 0 |