

**MARK SCHEME for the May/June 2015 series**

**9773 PSYCHOLOGY**

**9773/03**

Paper 3 (Key Applications), maximum raw mark 120

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.

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There are three types of question on this paper and for each applied option these are labelled Section A, Section B and Section C.

Section A includes short-answer questions and although each question is marked out of 3, each question has its own specific mark scheme.

Section B includes essay questions and although the indicative content varies for each question, the mark scheme for both question parts (a) and (b) is the same. It has to be to allow standardisation across the 5 options.

Section C is the application question and although the question will vary the mark scheme does not.

This means that the mark schemes for Section B questions (a) and (b) will appear once (immediately below) and not be repeated for each individual question as will the mark scheme for Section C question parts (a) and (b). Indicative content for each question appear after the mark schemes.

SECTION B question part (a)	
This mark scheme applies to questions 3 & 4, 8 & 9, 13 & 14, 18 & 19, 23 & 24	AO1=12
<p><b>Quality of description and depth of knowledge is impressive.</b>            Description of <b>knowledge</b> (theories/studies) is <b>accurate, coherent and detailed</b>.            Use of <b>terms</b> is <b>accurate</b> and use of psychological <b>terminology</b> is <b>comprehensive</b>.            The <b>theories/studies</b> described are <b>wide-ranging</b>.  <b>Understanding</b> (such as elaboration, use of example, quality of description) is <b>very good</b>.            The answer is <b>competently structured and organised</b> (global structure introduced at start and followed throughout). Quality of <b>written communication</b> is <b>very good</b>.</p>	10–12
<p><b>Quality of description and depth of knowledge is very good.</b>            Description of <b>knowledge</b> (theories/studies) is <b>mainly accurate, coherent and reasonably detailed</b>.            Use of <b>terms</b> is <b>mainly accurate</b> and use of psychological <b>terminology</b> is <b>competent</b>.            The <b>theories/studies</b> described cover a <b>reasonable range</b>.  <b>Understanding</b> (such as elaboration, use of example, quality of description) is <b>good</b>.            The answer has <b>some structure</b> and organisation. Quality of <b>written communication</b> is <b>good</b>.</p>	7–9
<p><b>Quality of description and depth of knowledge is competent.</b>            Description of <b>knowledge</b> (theories/studies) is <b>often accurate, generally coherent but lacks detail</b>.            Use of <b>terms</b> is <b>basic</b> and use of psychological <b>terminology</b> is <b>adequate</b>.            The <b>theories/studies</b> described cover a <b>limited range</b>.  <b>Understanding</b> (such as elaboration, use of example, quality of description) is <b>reasonable</b>.            The answer is <b>lacking structure</b> or organisation. Quality of <b>written communication</b> is <b>adequate</b>.</p>	4–6
<p><b>Quality of description and depth of knowledge is poor.</b>            Description of <b>knowledge</b> (theories/studies) is <b>mainly inaccurate, lacks coherence and lacks detail</b>.            Use of <b>terms</b> and use of psychological <b>terminology</b> is <b>sparse or absent</b>.            The <b>theories/studies</b> described cover a <b>very limited range</b>.  <b>Understanding</b> (such as elaboration, use of example, quality of description) is <b>poor</b>.            The answer is <b>unstructured</b> and lacks organisation. Quality of <b>written communication</b> is <b>poor</b>.</p>	1–3
No or irrelevant answer.	0

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NB Section B (a) questions can ask about 1. the general topic area; 2. the key study itself or 3. a selection of sub-topics from the topic area. Each answer will therefore be different.

1. A key study question should emphasise the aim, method(s), participants, procedure, results, conclusions, etc. It can also include a brief background to the key study and it can also include some explore more extending beyond the study.
2. A topic area question should cover a range of detail, including (from the specification) Theory, Research, Key study and Applications, but what specifically is included is the choice of the candidate.
3. A sub-topic question should only include detail from the specified sub-topics (combinations of Theory, Research, Key study and Applications). Each type of answer should be credited on its individual merits.

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SECTION B question part (b)	
This mark scheme applies to questions 3 & 4, 8 & 9, 13 & 14, 18 & 19, 23 & 24	AO2=16
<p><b>Any appropriate evaluative point to receive credit.</b>            Most likely:  <u>Evaluation of theory:</u>            internal strengths and weaknesses;            theoretical issues: reductionism, determinism, ethnocentrism.            Supporting/contradicting evidence;            Comparisons and contrasts with alternative theory.  <u>Evaluation of research:</u>            strengths and weaknesses of methods, sample, controls, procedure.            Evaluation of and comparisons and/or contrasts with alternative approaches.  <u>Evaluation of issues and debates:</u> Any relevant debate can be raised, such as objective versus subjective data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.</p>	
<p><b>Evaluation</b> (balance of positive and negative points) is <b>comprehensive</b>.  <b>Quality and depth of argument</b> (or comment) is <b>impressive</b>.            Selection and range of <b>arguments</b> is <b>balanced</b> which are <b>competently organised</b> into issues/debates, methods or approaches.  <b>Effective use</b> of appropriate supporting <b>examples</b> which are <b>explicitly related</b> to the question.  <b>Analysis</b> (valid conclusions that effectively summarises issues and arguments) is <b>evident throughout</b>.  <b>Evaluation</b> is <b>detailed</b> and quality of <b>written communication</b> is <b>very good</b>.  <b>Understanding</b> and usage of psychological concepts, issues, and approaches is <b>extensive</b>.</p>	13–16
<p><b>Evaluation</b> (positive and negative points) is <b>very good</b>.  <b>Quality and depth of argument</b> (or comment) is clear and <b>well developed</b>.            Selection and range of <b>arguments</b> is <b>balanced</b> which are <b>logically organised</b> into issues/debates, methods or approaches.  <b>Good use</b> of appropriate supporting <b>examples</b> which are <b>related</b> to the question.  <b>Analysis</b> (key points and valid generalisations) is <b>often evident</b>.  <b>Evaluation</b> is <b>quite detailed</b> and quality of <b>written communication</b> is <b>very good</b>.  <b>Understanding</b> and usage of psychological concepts, issues, and approaches is <b>competent</b>.</p>	10–12
<p><b>Evaluation</b> (positive and negative points) is <b>good</b>.  <b>Quality and depth of argument</b> (or comment) is <b>limited</b>.            Selection and range of <b>arguments</b> may be <b>imbalanced</b> with <b>some organisation</b> into issues/debates, methods or approaches evident.  <b>Limited use</b> of appropriate supporting <b>examples</b> which are <b>related</b> to the question.  <b>Analysis</b> (key points and valid generalisations) is <b>sometimes evident</b>.  <b>Evaluation</b> is <b>lacking in detail</b> and quality of <b>written communication</b> is <b>good</b>.  <b>Understanding</b> and usage of psychological concepts, issues, and approaches is <b>adequate</b>.</p>	7–9

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<p><b>Evaluation</b> (positive and negative points) is <b>limited</b>.</p> <p><b>Quality</b> and <b>depth of argument</b> (or comment) is <b>poor</b>.</p> <p>Selection and range of <b>arguments</b> is often <b>imbalanced</b> with <b>little or no organisation</b> into issues/debates, methods or approaches evident.</p> <p><b>Sparse use</b> of appropriate supporting <b>examples</b> which are often <b>peripherally related</b> to the question.</p> <p><b>Analysis</b> (key points and valid generalisations) is <b>sparse</b>.</p> <p><b>Evaluation</b> is <b>lacking in detail</b> and quality of <b>written communication</b> is <b>good</b>.</p> <p><b>Understanding</b> and usage of psychological concepts, issues, and approaches is <b>poor</b>.</p>	4–6
<p><b>Evaluation</b> (positive and negative points) is <b>basic</b>.</p> <p><b>Quality</b> and <b>depth of argument</b> (or comment) is <b>weak</b>.</p> <p>Selection and range of arguments is <b>imbalanced</b> with little or <b>no organisation</b> into issues/debates, methods or approaches evident.</p> <p><b>Sparse or no use</b> of appropriate supporting <b>examples</b> which are <b>peripherally related</b> to the question.</p> <p><b>Analysis</b> (key points and valid generalisations) is <b>barely discernible</b>.</p> <p><b>Evaluation</b> is <b>severely lacking in detail</b> and quality of <b>written communication</b> is <b>poor</b>.</p> <p><b>Understanding</b> and usage of psychological concepts, issues, and approaches is <b>weak</b>.</p>	1–3
No or irrelevant answer.	0

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SECTION C question part (a)	
This mark scheme applies to questions 5, 10, 15, 20, 25	AO2=8
In this question part candidates are either directed to design a study based on a named method or are free to suggest any way in which the assessment request could be investigated. Each answer should be considered individually as it applies to the mark scheme.	
<b>Suggestion is appropriate</b> to the question and based <b>explicitly</b> on psychological knowledge. <b>Description</b> of applied knowledge is <b>accurate, coherent and detailed</b> . <b>Understanding</b> (such as elaboration, use of example, quality of description) is <b>very good</b> .	7–8
<b>Suggestion is appropriate</b> to the question and based on psychological knowledge. <b>Description</b> of applied knowledge is mainly <b>accurate, coherent and reasonably detailed</b> . <b>Understanding</b> (such as elaboration, use of example, quality of description) is <b>good</b> .	5–6
<b>Suggestion is largely appropriate</b> to the question and based largely on psychological knowledge. <b>Description</b> of applied knowledge is <b>often accurate, generally coherent but lacks detail</b> . <b>Understanding</b> (such as elaboration, use of example, quality of description) is <b>reasonable</b> .	3–4
<b>Suggestion is mainly inappropriate</b> to the question and vaguely based on psychological knowledge. <b>Description</b> of applied knowledge is mainly <b>inaccurate, lacks coherence and lacks detail</b> . <b>Understanding</b> (such as elaboration, use of example, quality of description) is <b>poor</b> .	1–2
No or irrelevant answer.	0

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SECTION C question part (b)	
<b>This mark scheme applies to questions 5, 10, 15, 20, 25</b>	AO1=6
<p>In this question part candidates are expected to justify his or her decisions or evidence presented regarding the design made in answer to question part (a). Two (or more) components may be presented here (full marks can be gained for just one):</p> <ul style="list-style-type: none"> <li>• Knowledge of methodology,</li> <li>• Knowledge of appropriate topic area and/or key study.</li> </ul>	
<p><b>Quality of explanation and depth of argument is impressive.</b> <b>Description of knowledge is accurate, coherent and detailed.</b> Use of <b>terms</b> is <b>accurate</b> and use of <b>psychological terminology</b> is <b>comprehensive.</b> <b>Understanding</b> (such as elaboration, use of example, quality of description) is <b>very good.</b> The <b>issue</b> is <b>effectively explained</b> in relation to the topic area.</p>	5-6
<p><b>Quality of explanation and depth of argument is competent.</b> <b>Description of knowledge is mainly accurate, coherent and reasonably detailed.</b> Use of <b>terms</b> is <b>mainly accurate</b> and use of <b>psychological terminology</b> is <b>competent.</b> <b>Understanding</b> (such as elaboration, use of example, quality of description) is <b>good.</b> The <b>issue</b> is <b>adequately explained</b> in relation to the topic area.</p>	3-4
<p><b>Quality of explanation and depth of argument is poor.</b> <b>Description of knowledge is often accurate, generally coherent but lacks detail.</b> Use of <b>terms</b> is <b>basic</b> and use of <b>psychological terminology</b> is <b>adequate.</b> <b>Understanding</b> (such as elaboration, use of example, quality of description) is <b>poor.</b> The <b>issue</b> is <b>poorly explained</b> in relation to the topic area.</p>	1-2
No or irrelevant answer.	0

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## ABNORMALITY

### SECTION A

1 (a) Outline three characteristics of depression.

[3]  
AO1=3

Most likely:

The characteristics of depression can include:

- physically lethargic, a loss of energy
- feelings of unhappiness, loss of interest, feelings of inadequacy, worthlessness and possibly thoughts of suicide
- continual urges to cry
- difficulty in concentrating and an inability to think positively, often with hopeless feelings of guilt
- difficulty in sleeping; possible loss of appetite and weight; avoiding other people.

**1 mark** for each correct characteristic.

(b) Outline one cognitive model of depression.

[3]  
AO1=3

Most likely:

Beck (1979) believes that people react differently to aversive stimuli because of the thought patterns that they have built up throughout their lives. Schemas (core beliefs) are formed in early life such as a self-blame schema that makes the person feel responsible for everything that goes wrong or an ineptness schema causing them to expect failure every time. These are negative automatic thoughts and will surface if an event triggers them. When that happens cognitive errors maintain the negative beliefs. Depression results from the negative cognitive triad, comprising unrealistically negative views about (i) the self, (ii) the world and (iii) the future.

**NB: any appropriate model of depression to receive credit.**

**3 marks:** for accurate and detailed description of cognitive model with understanding.

**2 marks:** for accurate description of cognitive model with some understanding.

**1 mark:** for vague description of cognitive model with little or no understanding.



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(c) Contrast the cognitive with the biomedical explanation of depression.

[3]  
AO2=3

Most likely (any other appropriate contrast receives credit):

Biomedical assumes cause is chemical imbalance; cognitive assumes cause is negative thought patterns.

Biomedical assumes process is medical, physiological ('scientific'); cognitive less so: person's thoughts are focus and so many individual differences.

Biomedical assumes treatment is to restore chemical balance and person simply takes drugs (passive role); cognitive has no drugs and person plays active role in treating themselves (with guidance).

**3 marks:** explicit **contrast** with supporting evidence/examples and good understanding.

**2 marks:** explicit **contrast** possibly with supporting example(s) but with limited understanding.

**1 mark:** description of anecdotal followed by a description of psychometric without the contrast being explicit.

2 (a) Describe the imaging procedure used by Goldstein et al. to investigate cortical abnormalities in schizophrenia.

[3]  
AO1=3

Quoting directly from the article:

**Imaging procedure:** Magnetic resonance imaging scans were acquired at the Nuclear Magnetic Resonance Center of the Massachusetts General Hospital, Boston, with a 1.5-T MRI scanner (General Electric Signa scanner; General Electric Corporation, Waukesha, Wis). Contiguous 3.1-mm coronal spoiled-gradient echo images of the entire brain were obtained using the following parameters: repetition time, 40 milliseconds; echo time, 8 milliseconds; flip angle, 50°; field of view, 30 cm; matrix, 256 × 256; and averages, 1. The MRI scans were processed and analyzed at the Massachusetts General Hospital Center for Morphometric Analysis for further processing and analysis.

**3 marks:** technique described clearly and accurately.

**2 marks:** technique identified with some accuracy and detail.

**1 mark:** technique identified with basic outline.

(b) Give one strength of using this imaging procedure in this study.

[3]  
AO2=3

Most likely:

- Technique is relatively new, giving insights not previously available.
- Technique is reliable.
- Technique identifies brain structures which may be the same in every person.
- These physiological processes might not be subject to social or any external influence.
- We are more likely to be able to generalise from physiological studies using scanning techniques and the number of individual differences may be significantly less.

**3 marks:** for one advantage with detailed description and relevant example from this study.

**2 marks:** for one basic advantage and relevant example from this study.

**1 mark:** for one basic advantage with no relevant example from this study.

**NB** only one advantage to be credited; more than one not to be credited.

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(c) Give one weakness of using this imaging procedure in this study.

[3]  
AO2=3

Most likely:

- Scanning techniques provide correlational evidence, not causation.
- Scanning techniques may be open to external interference.

**3 marks:** for one disadvantage with detailed description and relevant example from this study.

**2 marks:** for one basic disadvantage and relevant example.

**1 mark:** for one basic disadvantage with no relevant example.

**NB** only one disadvantage to be credited; more than one not to be credited.

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## SECTION B

- 3 (a) Describe what psychologists have learned about dissociative disorders. [12]  
AO1=12

Specification:

**Theory:**

- Types of dissociative disorders: Dissociative Identity Disorder. Depersonalisation. Dissociative Amnesia and Fugue.
- Characteristics of dissociative disorders (DSM IV).
- Explanations of dissociative disorders (e.g. exposure to trauma, stress).

**Research:** A case of multiple personality (Thigpen, H. and Cleckley, H., 1954). Family Etiology and Remission in a Case of Psychogenic Fugue (Venn, 1984).

**Key study:** Simeon, D., Gross, S., Guralnik, O., Stein, D. J., Schmeidler, J. and Hollander E. (1997) Feeling unreal: 30 cases of DSM-III-R depersonalization disorder. American Journal of Psychiatry, Aug 1997; 154:1107–1113.

**Applications:** Psychodynamic Psychotherapy. Hypnosis. Drug Therapy.

*The question is a general, topic area question and so it is expected that candidates will show a wider knowledge of the topic area.*

- (b) Evaluate what psychologists have learned about dissociative disorders. [16]  
AO2=16

*Any appropriate evaluative point to receive credit.*

Evaluation of theory:

internal strengths and weaknesses;  
theoretical issues: reductionism, determinism, ethnocentrism.  
Supporting/contradicting evidence;  
Comparisons and contrasts with alternative theory.

Evaluation of research:

strengths and weaknesses of methods, sample, controls, procedure.  
Evaluation of and comparisons and/or contrasts with alternative approaches.

Evaluation of issues and debates: Any relevant debate can be raised, such as objective versus subjective data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

*The question is a general, topic area question and so it is expected that candidates will show evaluation of the wider topic area.*

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## SECTION B

- 4 (a) Describe the key study by Tice et al. on impulse control disorders. [12]  
AO1=12

**Abstract:** Why do people's impulse controls break down during emotional distress? Some theories propose that distress impairs one's motivation or one's ability to exert self-control, and some postulate self-destructive intentions arising from the moods. Contrary to those theories, Three experiments found that believing that one's bad mood was frozen (unchangeable) eliminated the tendency to eat fattening snacks (Experiment 1), seek immediate gratification (Experiment 2), and engage in frivolous procrastination (Experiment 3). The implication is that when people are upset, they indulge immediate impulses to make themselves feel better, which amounts to giving short-term affect regulation priority over other self-regulatory goal.

*The question is a specific 'key study' question and so it is expected that candidates will focus specifically on the key study. Contextualising the study at the beginning is creditworthy as is any 'explore more' that a candidate may include showing how the key study itself has been extended.*

- (b) Evaluate the key study by Tice et al. on impulse control disorders. [16]  
AO2=16

*Any appropriate evaluative point to receive credit.*

Evaluation of theory:

internal strengths and weaknesses;  
theoretical issues: reductionism, determinism, ethnocentrism.  
Supporting/contradicting evidence;  
Comparisons and contrasts with alternative theory.

Evaluation of research:

strengths and weaknesses of methods, sample, controls, procedure.  
Evaluation of and comparisons and/or contrasts with alternative approaches.

Evaluation of issues and debates: Any relevant debate can be raised, such as objective versus subjective data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

*The question is a specific 'key study' question and so it is expected that candidates will focus evaluation specifically on the key study. Credit can also be given for evaluation of contextualisation of the study and any 'explore more'.*

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### SECTION C

**5 In some cultures, abnormal behaviour is believed to be the result of spirit possession by demons, evil spirits or ghosts. In other cultures, abnormal behaviour is believed to have a biological cause. In Britain, epilepsy was once thought to be due to demon possession rather than abnormal electrical activity in the brain.**

**(a) Using your knowledge of psychology, suggest how you would investigate beliefs about abnormal behaviour.**

**[8]**

**AO2=8**

**General:** In this question part candidates are either directed to design a study based on a named method or are free to suggest any way in which the assessment request could be investigated. Each answer should be considered individually as it applies to the mark scheme.

**Specific:** As the question does not specify a particular method, the candidate can choose an experiment, observation, self-report or any other appropriate method.

**(b) Explain the evidence on which your study is based.**

**[6]**

**AO1=6**

In this question part candidates are expected to justify his or her decisions or evidence presented regarding the design made in answer to question part (a).

Most likely inclusion:

- Knowledge of methodology.
- Knowledge of definitions of mental illness/abnormality; cultural differences.
- Knowledge of the topic area of 'perspectives' particularly the section: 'Exorcism-resistant ghost possession treated with clopenthixol (Hale et al. 1994).

A relevant excerpt is: Dr William Sargant, a consultant psychiatrist at St Thomas's Hospital in London, studied the manifestations of spirit possession in many countries and came to the conclusion that possession is almost certainly an hysterical phenomenon occurring especially in overwrought people. Moreover, modern drugs may work where exorcism fails. Drs Hale and Pinninta have recently described the case of a young Hindu Indian man living in Britain in whom ghost possession forced him to indulge in criminal behaviour. Attempts at exorcism by a Hindu priest, a Moslem peer and a Christian minister all failed. A "western" diagnosis of paranoid schizophrenia was then made and he was cured with tranquillising drugs.

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## CRIME

### SECTION A

- 6 (a) Briefly describe the organised and disorganised categorisation of offenders. [3]  
AO1=3

An **organised offender** leads an ordered life and kills after some sort of critical life event. Their actions are premeditated and planned, they are likely to bring weapons and restraints to the scene. They are likely to be of average to high intelligence and employed.

A **disorganised offender** is more likely to have killed in a moment of passion. There will be no evidence of premeditation and they are more likely to leave evidence such as blood, semen, murder weapon etc. behind. This type of offender is thought to be less socially competent and more likely to be unemployed.

Lots more detail could be added; sufficient summary here.

**3 marks:** for clear and concise description of both types.

**2 marks:** basic description of both types with some understanding.

**1 mark:** for vague description of both types, or good description of one type.

- (b) Describe the British approach to offender profiling. [3]  
AO1=3

The British [never call it 'bottom-up'] approach, involves working with detailed information gathered from the scene of the crime and from information about the crime. It can involve offence clusters, routine activity theory, timing of offences and use of cognitive maps. Each of these is based on fact. Canter: over 80% of killers who escape on foot live within 525 yards of the crime.

**3 marks:** for clear and concise description of approach with full understanding.

**2 marks:** description of approach with some understanding.

**1 mark:** for vague description of approach.

- (c) Compare and contrast the British approach to offender profiling with the FBI approach. [3]  
AO2=3

Most likely:

- Both approaches begin with gathering evidence at a crime scene.
- The 'British' approach makes no assumptions about the offender and doesn't have a 'characteristics of serial killers' list whereas the FBI does.
- The FBI approach assumes all serial killers share the same (or very similar) characteristics); the British approach does not.

**3 marks:** for clear and concise comparison AND contrast with full understanding.

**2 marks:** basic comparison AND contrast with some understanding.

**1 mark:** for comparison OR contrast only, however detailed.

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### SECTION A

7 In the study of the London bombings, Rubin et al. claim ‘Overall, the prevalence of distress was less than that reported in the general adult US population after 11 September 2001’.

(a) Suggest three reasons why the prevalence of distress was less in London than in the United States. [3]  
AO2=3

Most likely:

- There was greater loss of life in the US; there was more dramatic imagery (the event could be seen on television as it happened).
- The US survey was done 3–5 days after the attack (and so more distress) than the London survey done 11–13 days after the event.
- The UK population (especially Londoners) were more prepared. They had been sent a government advisory leaflet. The US population were not prepared and never expected an attack.

1 mark: for each correct reason.

(b) Describe three features of post-traumatic stress disorder (PTSD). [3]  
AO1=3

Most likely:

- Repeated disturbing memories, thoughts or dreams about what happened;
- Having difficulty concentrating;
- Feeling upset when something reminds you of what happened;
- Trouble falling or staying asleep;
- Feeling irritable or having angry outbursts.

*Any appropriate feature to receive credit.*

1 mark: for each appropriate feature.

(c) Rubin et al. introduced the survey to the participants as ‘issues facing Londoners’. Briefly debate the ethics of presenting the survey in this way. [3]  
AO2=3

Most likely:

- Participants were deceived because they did not give full informed consent. Issues facing Londoners could be about anything. This can be said to be unethical.
- However, without ‘mild deception’, people may not have agreed to participate.
- But, if people were not happy they had the right to withdraw (put the phone down) and many did so.
- The ends justify the means...

NB there is no right answer here; a matter of reasoned opinion.

3 marks: appropriate arguments both for and against with good understanding.

2 marks: basic arguments both for and against with some understanding.

1 mark: argument for one side only; little or no support for point.

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## SECTION B

- 8 (a) Describe the key study by Farrington et al. on criminal careers and life success. [12]  
AO1=12

**Abstract:**

The Cambridge Study in Delinquent Development is a prospective longitudinal survey of the development of offending and antisocial behaviour in 411 males first studied at age 8 in 1961 at that time they were all living in a working-class deprived inner-city area of South London. The findings describe their criminal careers up to age 50, looking at both officially recorded convictions and self-reported offending. It also examines life success up to age 48 based on nine criteria which were also measured on a comparable basis at age 32. The main aims were to investigate the development of offending and antisocial behaviour from age 10 to age 50 and the adult life adjustment of 'persisters', 'desisters' and 'late-onset' offenders at age 48.

*The question is a specific 'key study' question and so it is expected that candidates will focus specifically on the key study. Contextualising the study at the beginning is creditworthy as is any 'explore more' that a candidate may include showing how the key study itself has been extended.*

- (b) Evaluate the key study by Farrington et al. on criminal careers and life success. [16]  
AO2=16

*Any appropriate evaluative point to receive credit.*

Evaluation of theory:

internal strengths and weaknesses;  
theoretical issues: reductionism, determinism, ethnocentrism.  
supporting/contradicting evidence;  
comparisons and contrasts with alternative theory.

Evaluation of research:

strengths and weaknesses of methods, sample, controls, procedure.  
evaluation of and comparisons and/or contrasts with alternative approaches.

Evaluation of issues and debates:

any relevant debate can be raised, such as objective versus subjective data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

*The question is a specific 'key study' question and so it is expected that candidates will focus evaluation specifically on the key study. Credit can also be given for evaluation of contextualisation of the study and any 'explore more'.*



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9 (a) Describe what psychologists have learned about the psychology of investigation. [12]  
AO1=12

Specification:

**Theory:**

- interrogation tactics (e.g. Minimization and Explicit offer of leniency)
- detecting lies and deceit (e.g. Vrij, 2000)
- false confessions (e.g. coerced compliance, coerced internalization)

**Research:** Investigating true and false confessions (Russano et al., 2005). Police interrogations and confessions (Kassin and McNall, 1991).

**Key Study:** Mann, S., Vrij, A. and Bull, R. (2002) Suspects, lies, and videotape: An analysis of authentic high-stake liars. *Law and Human Behavior*, 26 (June):365–376.

**Applications:** Statement Validity Assessment. The Cognitive Interview Technique (Geiselman, 1984). Police and Criminal Evidence (PACE) Act 1984.

*The question is a general, topic area question and so it is expected that candidates will show a wider knowledge of the topic area.*

(b) Evaluate what psychologists have learned about the psychology of investigation. [16]  
AO2=16

*Any appropriate evaluative point to receive credit.*

Evaluation of theory:

internal strengths and weaknesses;  
theoretical issues: reductionism, determinism, ethnocentrism.  
supporting/contradicting evidence;  
comparisons and contrasts with alternative theory.

Evaluation of research:

strengths and weaknesses of methods, sample, controls, procedure.  
evaluation of and comparisons and/or contrasts with alternative approaches.

Evaluation of issues and debates:

any relevant debate can be raised, such as objective versus subjective data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

*The question is a general, topic area question and so it is expected that candidates will show evaluation of the wider topic area.*

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### SECTION C

10 Kassin and Sommers suggest jurors may not comply with the instruction to disregard inadmissible testimony. One reason for this is 'thought suppression and reactance' where the weight given to forbidden information increases rather than decreases.

- (a) Using your knowledge of psychology, design a laboratory experiment to test thought suppression and reactance. [8]  
AO2=8

**General:** In this question part candidates are either directed to design a study based on a named method or are free to suggest any way in which the assessment request could be investigated. Each answer should be considered individually as it applies to the mark scheme.

**Specific:** Candidates must use a laboratory experiment, so inclusion of setting, IV and DV, controls, design, task to be completed and sample are essential features.

- (b) Explain the evidence on which your suggested study is based. [6]  
AO1=6

In this question part candidates are expected to justify his or her decisions or evidence presented regarding the design made in answer to question part (a).

Most likely inclusion:

- knowledge of methodology, specifically that of the experimental (laboratory) method.
- knowledge of reasons why jurors may accept inadmissible evidence.

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## ENVIRONMENT

### SECTION A

- 11 (a) Outline the study by Lundberg investigating the effects of crowding on health. [3]  
AO1=3

Specification:

**Research:** Crowding and social behaviour: Dukes and Jorgenson (1976). Crowding and performance: Mackintosh et al. (1975). Crowding and health: Lundberg (1976).

**Lundberg** (1976) conducted a field experiment on male passengers on a commuter train, investigating stress-related arousal in high-density settings. He compared responses to trips made under high- and low-density conditions. One group of subjects boarded the train at Nynäshamn (72 mins to Stockholm and initially low-density) the other midway on its route, Västerhaninge (38 mins and always high density). He collected urine samples from participants and found higher levels of adrenaline in urine in those doing the 'always high' density trips compared to those doing the 'low to high density' trips.

**3 marks:** for clear and concise description of the study with understanding.

**2 marks:** description of the study with some understanding.

**1 mark:** for vague description of the study.

- (b) Give one advantage of the type of data gathered in this study. [3]  
AO2=3

Most likely (*other appropriate answers to receive credit*):

The type of data is quantitative (not qualitative) and so an advantage is the use of statistics etc. to compare and analyse.

The type of data is physiological which can be measured reliably. Adrenaline is present in all people; a cultural universal.

The type of data is more objective/scientific.

**3 marks:** clear and detailed description with elaboration and understanding.

**2 marks:** clear advantage with some elaboration.

**1 mark:** for vague advantage of the type of data.

- (c) Suggest three reasons why the findings of this study should not be generalised. [3]  
AO2=3

Most likely (*other appropriate answers to receive credit*):

- The study used only male participants and there may be individual differences in the production of stress-related hormones.
- The study used rail commuters on the line into Stockholm in Sweden. There may be differences found on different rail lines and in different countries.
- The study measured the amount of adrenaline present in urine. This measure is reliable, but it may not be valid. The adrenaline could be due to anticipated stress at work; an argument before leaving home. The adrenaline may be produced for reasons other than stress.

**1 mark (3 max):** for each appropriate suggestion.

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## SECTION A

### 12 From the study by Aginsky et al. on learning a route in a driving simulator:

(a) Briefly describe the learning task.

**[3]**  
**AO1=3**

From the study (in full):

During the learning phase, subjects had to learn a 1770m long route through the virtual world, which took 2 to 4 minutes. Subjects controlled their own speed and direction. Subjects were only told to learn a route; they were not informed about the tests that were to follow the learning phase. Thus, subjects were not told explicitly to pay attention to the buildings or to memorize them, and they did not know that they had to draw a map of the route at the end of the experiment. Subjects were led along the experimental route by verbal directions of the experimenter. The instructions consisted only of the phrases 'take the next right' or 'take the next left', without any reference to the buildings or particular intersections. As learning progressed, the experimenter offered instructions only for the turns which the subjects had not yet memorized. The subjects indicated which turns they knew by using the car's direction signals before they turned. They repeated the drive until they could follow the route correctly once without any help from the experimenter.

**3 marks:** for clear and appropriately detailed description with full understanding.

**2 marks:** good description with some detail.

**1 mark:** for vague description lacking in detail.

(b) Give three ways in which this learning task differs from real life.

**[3]**  
**AO1=3**

Most likely (*other appropriate answers to receive credit*):

- It isn't a real, but a virtual world;
- The buildings are artificial, and square;
- There are no people or other vehicles present;
- The instructor tells the participant which direction to take;
- The participant can go as slow as they want. No other traffic present;
- There are no idiothetic inputs (defined by article as 'lack of movement').

**1 mark (3 max):** for each appropriate suggestion.

(c) Suggest why Aginsky et al. chose a learning task that differed from real life driving. **[3]**

**AO2=3**

Most likely (*other appropriate answers to receive credit*):

It is essential that the learning task is the same for each participant. If it were real life there would be many uncontrollable variables: other cars needing to be attended to; traffic lights allowing stopping and processing of buildings, people to be observed (should they run in front of the car) etc. All distract from the learning task.

**3 marks:** appropriate suggestion, clearly explained with elaboration e.g. example in support and understanding.

**2 marks:** appropriate suggestion, lacks detail/elaboration with some understanding.

**1 mark:** suggestion with little elaboration, detail or understanding of the study.

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## SECTION B

- 13 (a) Describe what psychologists have found out about behaviour in emergency situations.

[12]  
AO1=12

Specification:

**Theory:**

- Definitions of catastrophe, explanations of behaviour in emergencies:
- Contagion (Le Bon, 1895)
- Script schemata (Schank and Abelson; Donald and Canter, 1992)
- Self categorisation theory (e.g. Drury, Cocking, Reicher).

**Research:** Laboratory simulations and real life events (Mintz, 1951; Kugihara, 2001), Air: Manchester (1985).

Shipping: Herald of Free Enterprise (1997). Fires: Chicago (1903), Kings Cross (1987).

**Key Study:** Drury, J., Cocking, C. and Reicher, S. Everyone for themselves? A comparative study of crowd solidarity among emergency survivors. *British Journal of Social Psychology* (2008), 00, 1–21

**Applications:**

- Preventing catastrophe: evacuation from fires (Proulx, 2001) and devising evacuation messages (Loftus, 1979)
- Supporting victims of catastrophe: treating PTSD (Hodgkinson and Stewart, 1991)

*The question is a general, topic area question and so it is expected that candidates will show a wider knowledge of the topic area.*

- (b) Evaluate what psychologists have found out about behaviour in emergency situations.

[16]  
AO2=16

*Any appropriate evaluative point to receive credit.*

Evaluation of theory:

internal strengths and weaknesses;  
theoretical issues: reductionism, determinism, ethnocentrism.  
Supporting/contradicting evidence;  
Comparisons and contrasts with alternative theory.

Evaluation of research:

strengths and weaknesses of methods, sample, controls, procedure.  
Evaluation of and comparisons and/or contrasts with alternative approaches.

Evaluation of issues and debates:

any relevant debate can be raised, such as objective versus subjective data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

*The question is a general, topic area question and so it is expected that candidates will show evaluation of the wider topic area.*

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- 14 (a) Describe the key study by North et al. on the effect of musical style on restaurant customers' spending. [12]  
AO1=12

**Abstract:**

Classical music, pop music, and no music were played in a British restaurant over the course of 18 evenings. The mean spend per head for each table was calculated for starters, main courses, desserts, coffee, bar drinks, wine, overall drink bill, overall food bill, and total spend. Total time spent in the restaurant was also measured. A MANOVA analysis revealed that there was an overall significant difference between the conditions with classical music leading to higher spending than both no music and pop music. Univariate analyses indicated that there were differences between the conditions on mean spend per head on starters, coffee, total spend on food, and overall spend. These findings were consistent with the limited previous research, which indicated that the playing of background classical music led to (a) people reporting that they were prepared to spend more and (b) higher actual spending. The results indicate that restaurant managers can use classical music to increase customer spending, and the results are discussed in terms of three possible explanations for this.

*The question is a specific 'key study' question and so it is expected that candidates will focus specifically on the key study. Contextualising the study at the beginning is creditworthy as is any 'explore more' that a candidate may include showing how the key study itself has been extended.*

- (b) Evaluate the key study by North et al. on the effect of musical style on restaurant customers' spending. [16]  
AO2=16

*Any appropriate evaluative point to receive credit.*

Evaluation of theory:

internal strengths and weaknesses;  
theoretical issues: reductionism, determinism, ethnocentrism.  
Supporting/contradicting evidence;  
Comparisons and contrasts with alternative theory.

Evaluation of research:

strengths and weaknesses of methods, sample, controls, procedure.  
Evaluation of and comparisons and/or contrasts with alternative approaches.

Evaluation of issues and debates:

any relevant debate can be raised, such as objective versus subjective data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

*The question is a specific 'key study' question and so it is expected that candidates will focus evaluation specifically on the key study. Credit can also be given for evaluation of contextualisation of the study and any 'explore more'.*

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### SECTION C

**15 People who walk whilst texting are often not looking where they are going and sometimes bump into people.**

**(a) Using your knowledge of psychology, design a field experiment to investigate the effect of mobile phone use on personal space distance.**

**[8]**

**AO2=8**

**General:** In this question part candidates are either directed to design a study based on a named method or are free to suggest any way in which the assessment request could be investigated. Each answer should be considered individually as it applies to the mark scheme.

**Specific:** Candidates must use a field experiment, so inclusion of setting, IV and DV, controls, design, task to be completed and sample are essential features.

**(b) Explain the evidence on which your suggestion is based.**

**[6]**

**AO1=6**

In this question part candidates are expected to justify his or her decisions or evidence presented regarding the design made in answer to question part (a).

Most likely inclusion:

- knowledge of methodology, specifically that of the method appropriate to the topic being investigated.
- knowledge of methodology appropriate to personal space: simulation, stop-distance, space invasion.
- knowledge of personal space zones, e.g. Hall's (1966) four zones.

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## HEALTH

### SECTION A

- 16 (a) Briefly describe the case study of Munchausen Syndrome presented by Aleem and Ajarim. [3]  
AO1=3

**Specification:**

**Applications:** Using-misusing health services: Munchausen syndrome (Aleem and Ajarim, 1995). Hypochondriasis (Barlow and Durand, 1995).

**Aleem and Ajarim** (1995) describe the **case study** of a 22 year old female who had a painful swelling above her right breast. After tests treatment began. However, the infection got worse and spread. A nurse found a syringe full of fecal material which the girl had been injecting into herself. The factitious disorder of Munchausen Syndrome was diagnosed.

**3 marks:** for clear and detailed description case study.

**2 marks:** for description of study with some detail.

**1 mark:** for vague description of study.

- (b) Give one advantage of the case study method when investigating Munchausen Syndrome. [3]  
AO2=3

Most likely answers:

- The 'richness' and detail of the data that can be gathered.
- Ecological validity is often very high – the participant is often studied as part of everyday life.
- Often data is gathered over a long period of time – a longitudinal study – change over time can be seen.
- Rare or unique behaviours can be studied.
- The sample is often self selecting and are not chosen by the researchers.

**3 marks:** Advantage and appropriate example both clearly explained, detailed and understood.

**2 marks:** Advantage and example, but basic and minimal detail.

**1 mark:** Advantage or example however detailed.



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- (c) Give one disadvantage of the case study method when investigating Munchausen Syndrome. [3]  
AO2=3

Most likely:

- If study is of only one (or very few) participant(s) means cannot generalise to others.
- The participant may be unique, perhaps 'not normal'. Usual ways of studying may not apply and new approaches may have to be invented.
- Researchers may become emotionally attached to participant, lose objectivity and bias may result.
- If a behaviour is rare or unique it may be difficult to interpret by researchers, or they may misinterpret and draw false conclusions.
- Case studies rarely produce enough quantitative data for statistical testing; some regard case studies as little more than anecdotal evidence.

**3 marks:** Disadvantage and appropriate example both clearly explained, detailed and understood.

**2 marks:** Disadvantage and example, but basic and minimal detail.

**1 mark:** Disadvantage **or** example however detailed.

- 17 (a) Briefly describe the study by Citron et al. on patient-controlled analgesia. [3]  
AO1=3

**Specification:**

**Research:** Patient controlled analgesia (Citron et al. 1986), placebos and pain (Levine et al. 1979).

Concern with the suboptimal management of pain in hospitalized patients has led to the development of a patient controlled analgesia system. In this system, a pre-set amount of narcotic is delivered intravenously when the patient activates the demand button. We tested the safety and efficacy of this mode of treatment in eight patients with cancer suffering from severe pain. Respiratory rates, mental status, and pain relief were recorded at baseline and during the study period. Morphine sulphate doses ranged from 1 to 5 mg, and lockout intervals from 15 to 90 minutes. Patients had a higher analgesic demand, i.e. self-administered more doses, during the first four hours than during the remaining time of treatment. Respiratory rates decreased during the first four hours of treatment, but no cases of significant respiratory depression were encountered during this period or thereafter in the study. Significant pain relief was produced in all patients without causing undue sedation. Patient acceptance of this mode of therapy was excellent, and the majority of patients preferred this type of analgesia to other forms of pain treatment. In conclusion, patient-controlled analgesic is effective and safe therapy for cancer pain.

**3 marks:** for clear and accurate description of study with understanding.

**2 marks:** for basic description of study with some understanding.

**1 mark:** for vague description of study with limited or no understanding.

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- (b) Suggest why this form of pain management is advantageous for both patient and practitioner. [3]  
AO2=3

Most likely:

The patient medicates him/her self when necessary (but cannot over-dose). This means more in early stages and less as time passes.

Practitioner does not need to guess how much medication to give; does not need to return at regular intervals to give medication. No over or under medication.

**3 marks** for clear and full description of advantages.

**2 marks** for reasonable description of advantages with some understanding.

**1 mark** for vague description of advantages which have limited or no understanding.

- (c) Identify one safety control used in this study and suggest why it was essential to have this control. [3]  
AO2=3

Most likely:

One safety control was the 'lockout'. This meant that patients could not give themselves a dosage that was too high. It also meant that they could not have another dose for a specified amount of time, such as 15–90 minutes.

This was essential because patients could not overdose!

**3 marks:** for correct identification and clear and full description of reason for control.

**2 marks:** for correct identification and good description of reason for control.

**1 mark:** for correct identification with no description of reason for control.

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## SECTION B

18 (a) Describe the key study by Tapper et al. on The Food Dudes.

[12]  
AO1=12

**Objective:** To evaluate a peer-modelling and rewards-based intervention designed to increase children's fruit and vegetable consumption.

**Design:** Over a 5-month period, children in an experimental and a control school were presented with fruit and vegetables at lunchtime. Children aged 5–7y also received fruit at snack time (mid-morning). The intervention was implemented in the experimental school and levels of fruit and vegetable consumption were measured at baseline, intervention and at 4-month follow-up.

**Subjects:** In total, 749 children aged 5–11y.

**Intervention:** Over 16 days children watched video adventures featuring heroic peers (the Food Dudes) who enjoy eating fruit and vegetables, and received small rewards for eating these foods themselves. After 16 days there were no videos and the rewards became more intermittent.

**Main outcome measures:** Consumption was measured (i) at lunchtime using a five-point observation scale; (ii) at snack time using a weighed measure; (iii) at home using parental recall.

**Results:** Compared to the control school, lunchtime consumption in the experimental school was substantially higher at intervention and follow-up than baseline ( $P < 0.001$ ), while snack time consumption was higher at intervention than baseline ( $P < 0.001$ ). The lunchtime data showed particularly large increases among those who initially ate very little. There were also significant increases in fruit and vegetable consumption at home ( $P < 0.05$ ).

**Conclusions:** The intervention was effective in bringing about substantial increases in children's consumption of fruit and vegetables.

*The question is a specific 'key study' question and so it is expected that candidates will focus specifically on the key study. Contextualising the study at the beginning is creditworthy as is any 'explore more' that a candidate may include showing how the key study itself has been extended.*

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(b) Evaluate the key study by Tapper et al. on The Food Dudes.

[16]  
AO2=16

*Any appropriate evaluative point to receive credit.*

Evaluation of theory:

internal strengths and weaknesses;  
theoretical issues: reductionism, determinism, ethnocentrism.  
Supporting/contradicting evidence;  
Comparisons and contrasts with alternative theory.

Evaluation of research:

strengths and weaknesses of methods, sample, controls, procedure.  
Evaluation of and comparisons and/or contrasts with alternative approaches.

Evaluation of issues and debates: Any relevant debate can be raised, such as objective versus subjective data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

*The question is a specific 'key study' question and so it is expected that candidates will focus evaluation specifically on the key study. Credit can also be given for evaluation of contextualisation of the study and any 'explore more'.*

19 (a) Describe what psychologists have found out about substances.

[12]  
AO1=12

Specification:

**Theory:**

- Definitions: physical and psychological dependence, addiction.
- The nicotine regulation model; Freudian oral fixation.
- Why people smoke: reasons (e.g. Leventhal and Cleary, 1980).
- Why people continue to smoke: reasons (e.g. Tomkins, 1966).

**Research:** Optimistic bias in smokers. Schoenbaum (1997).

**Key study:** McVey, D. and Stapleton, J. (2000) Can anti-smoking television advertising affect smoking behaviour? Controlled trial of the Health Education Authority for England's anti-smoking TV campaign.

Tobacco Control 2000, British Medical Journal, 9, 273–282.

**Applications:**

- Preventing smoking: community-wide strategies (McVey and Stapleton, 2000).
- Quitting smoking: nicotine replacement therapy. Behavioural strategies: rapid smoking; self-management strategies.

*The question is a general, topic area question and so it is expected that candidates will show a wider knowledge of the topic area.*

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(b) Evaluate what psychologists have found out about substances.

[16]  
AO2=16

*Any appropriate evaluative point to receive credit.*

Evaluation of theory:

internal strengths and weaknesses;  
theoretical issues: reductionism, determinism, ethnocentrism.  
Supporting/contradicting evidence;  
Comparisons and contrasts with alternative theory.

Evaluation of research:

strengths and weaknesses of methods, sample, controls, procedure.  
Evaluation of and comparisons and/or contrasts with alternative approaches.

Evaluation of issues and debates:

any relevant debate can be raised, such as objective versus subjective data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

*The question is a general, topic area question and so it is expected that candidates will show evaluation of the wider topic area.*

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### SECTION C

**20 Research has found that non-verbal communication by medical practitioners is important to patients. Something as simple as facial expression might be crucial in conveying the importance of what is said.**

- (a) Using your knowledge of psychology, design an observational study to investigate facial expressions of medical practitioners when communicating with patients. [8]**  
**AO2=8**

**General:** In this question part candidates are either directed to design a study based on a named method or are free to suggest any way in which the assessment request could be investigated. Each answer should be considered individually as it applies to the mark scheme.

**Specific:** An observation must be used, so a candidate should show knowledge of type of observation (participant, etc.) possible response categories, sampling technique (e.g. time or event), use of inter-rater reliability, analysis of responses, etc.

- (b) Explain the evidence on which your suggestion is based. [6]**  
**AO1=6**

In this question part candidates are expected to justify his or her decisions or evidence presented regarding the design made in answer to question part (a).

Most likely inclusion:

- Knowledge of methodology, specifically that of an observation.
- Knowledge of non-verbal communications in medical practitioners (e.g. Ley).

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## SPORT

### SECTION A

**21 (a) Outline Vealey’s theory of self-confidence.**

**[3]  
AO1=3**

Quote from study:

Vealey defines sport confidence as ‘the belief or degree of certainty individuals possess about their ability to be successful in sport’. The athlete brings to the objective competitive situation a personality trait of sport confidence (SC-Trait) and a particular competitive orientation. These two factors are then predictive of the level of situational state-specific sport confidence (SC-state) the athlete exhibits during competition. Situation-specific sport confidence (SC-state) is then predictive of performance.

**3 marks:** for accurate and detailed description of theory with understanding.

**2 marks:** for accurate description of theory with some understanding.

**1 mark:** for vague description of theory.

**(b) Describe how Vealey believes self-confidence is improved using self-talk.**

**[3]  
AO1=3**

Most likely:

Self talk a technique to control thoughts and to influence feelings which can influence self-confidence as well as performance. Thoughts that come into an athlete’s mind during competition can be either positive or negative. These thoughts are a form of self-talk. This athlete must learn to control his/her thoughts and to structure them to his/her advantage. This is done through self-talk. The athlete must carefully select the actual words and phrases used during self talk and consider them for maximum effectiveness. These can be: task-specific statements relating to technique; encouragements and effort; mood words.

**3 marks:** for accurate and detailed description of self-talk with understanding.

**2 marks:** for accurate description of self-talk with some understanding.

**1 mark:** for vague description of self-talk.

**(c) Vealey’s theory is based on the cognitive approach. Give one advantage of the cognitive approach using an example from the work of Vealey.**

**[3]  
AO2=3**

Most likely:

- The cognitive approach uses the experimental method i.e. manipulation of an IV and so it is scientific.
- The approach deals with the mind, which many psychologists would say is central to any understanding of human psychology.
- It is the part of psychology which genuinely engages in how we think.

**3 marks:** for appropriate advantage plus example.

**2 marks:** for basic advantage plus example.

**1 mark:** for advantage or example.

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22 In the key study by Davis and Cox, a number of correlations were calculated.

(a) Outline the results of three of these correlations.

[3]  
AO1=3

Quoting directly from the article:

- a correlation of .35 between the intensity scores for cognitive and somatic anxiety, and
- a correlation of .79 between the direction scores for cognitive and somatic anxiety.
- correlations between intensity and direction scores ranged from  $-.02$  to  $.04$ .

**1 mark:** for each correct correlation.

(b) Using an example, suggest a reason why correlational data should always be treated with caution.

[3]  
AO2=3

Most likely (*any appropriate disadvantage to be given credit*):

Correlation shows a relationship, but not cause and effect.

Example can be from this study or any study.

**3 marks:** for appropriate and detailed reason plus example.

**2 marks:** for basic reason plus example.

**1 mark:** for reason or example.

(c) Davis and Cox explain why they also used an ANOVA. Outline the reasons they give in this explanation.

[3]  
AO2=3

From the abstract:

“One  $3 \times 3$  (cognitive anxiety  $\times$  somatic anxiety) ANOVA was calculated using ipsative  $t$  scores as the performance dependent variable. Two separate one factor ANOVAs for cognitive anxiety and somatic anxiety were calculated using ipsatized cognitive and somatic direction scores as the dependent variables”.

- ANOVA calculated because the data is scores rather than frequencies;
- ANOVA calculated because there are two dependent variables each divided into a number of categories (as shown in the quote above);
- It is the correct test for this type of data and multiple calculations of other tests would be needed instead of just one ANOVA.

**3 marks:** for appropriate and detailed suggestion with clear understanding.

**2 marks:** for appropriate suggestion with some understanding.

**1 mark:** for vague but appropriate suggestion.



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## SECTION B

- 23 (a) Describe the key study by Waters and Lovell on homefield advantage in English soccer players.

[12]  
AO1=12

**Abstract:**

The aim of this investigation was to examine the underlying mechanisms of the homefield advantage within professional English football (soccer). Study 1 examined soccer players' retrospective perceptions of the homefield advantage. Results to this first study revealed that the players had significantly higher retrospective perceptions of their confidence,  $t(4) = 2.24$ ,  $p < 0.05$ , and their positiveness towards the forthcoming game,  $t(4) = 2.89$ ,  $p < 0.05$ , when playing at home. Study 2 investigated players' psychological and mood states immediately prior to competing at home and away using a shortened Profile of Mood States (POMS) within a semi-structured interview. Quantitative and qualitative measures were used to analyse the data from these interviews. Although no significant differences were found between the players' actual mood states prior to playing at home and away, data did show the players to have significantly higher perceptions of the team's confidence at home games,  $t(4) = 2.82$ ,  $p < 0.05$ . Qualitative analysis highlighted the following themes as major factors contributing to their strong belief in a homefield advantage: physical and mental preparation, sleep, crowd factors and referee bias.

*The question is a specific 'key study' question and so it is expected that candidates will focus specifically on the key study. Contextualising the study at the beginning is creditworthy as is any 'explore more' that a candidate may include showing how the key study itself has been extended.*

- (b) Evaluate the key study by Waters and Lovell on homefield advantage in English soccer players.

[16]  
AO2=16

*Any appropriate evaluative point to receive credit.*

Evaluation of theory:

internal strengths and weaknesses;  
theoretical issues: reductionism, determinism, ethnocentrism.  
Supporting/contradicting evidence;  
Comparisons and contrasts with alternative theory.

Evaluation of research:

strengths and weaknesses of methods, sample, controls, procedure.  
Evaluation of and comparisons and/or contrasts with alternative approaches.

Evaluation of issues and debates:

any relevant debate can be raised, such as objective versus subjective data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

*The question is a specific 'key study' question and so it is expected that candidates will focus evaluation specifically on the key study. Credit can also be given for evaluation of contextualisation of the study and any 'explore more'.*

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24 (a) Describe research and applications on leadership and team cohesion in sport. [12]  
AO1=12

**Specification:**

**Theory:**

- Fiedler's contingency model (1967).
- Chelladurai's multidimensional model of leadership (1978).
- Grusky (1963).

**Research:** Cohesiveness in sport: Carron's conceptual system (determinants and consequences) (1982), Widmeyer et al. (1985) Elements of Cohesion and Measures of it (GEQ).

**Key study:** Widmeyer, W. N. and Williams, J. M. (1991) Predicting Cohesion in a Coacting Sport. *Small Group Research*, 1991; 22; 548.

**Applications:**

- Developing team cohesion (e.g. Cox, 1994).
- Coach behaviour/effectiveness (Smith et al. 1977, 1979).

*Candidates should focus specifically on research and applications (as above) and this could include the Key Study. It should not include applications. Answers which focus exclusively on theory should receive no marks or ignored if part of a theory and applications answer.*

(b) Evaluate research and applications on leadership and team cohesion in sport. [16]  
AO2=16

*Any appropriate evaluative point to receive credit.*

Evaluation of theory:

internal strengths and weaknesses;  
theoretical issues: reductionism, determinism, ethnocentrism.  
Supporting/contradicting evidence;  
Comparisons and contrasts with alternative theory.

Evaluation of research:

strengths and weaknesses of methods, sample, controls, procedure.  
Evaluation of and comparisons and/or contrasts with alternative approaches.

Evaluation of issues and debates:

any relevant debate can be raised, such as objective versus subjective data, snapshot versus longitudinal studies, extent of ecological validity, nature versus nurture; freedom versus determinism; reductionism versus holism. Issues can be raised such as ethics, validity, ethnocentrism, effectiveness, application to real life.

*Evaluation should focus specifically on research and applications, although wider evaluation can receive credit if it is related to research and/or applications.*

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### SECTION C

**25 Are rugby players ‘naturally aggressive’ people or is their aggression ‘situational’, meaning that they are only aggressive during a game? In order to find out you decide to administer a questionnaire to all the players in a team.**

- (a) Using your knowledge of psychology, design a questionnaire to assess ‘individual’ and ‘situational’ aggression in a team of rugby players.** **[8]**  
**AO2=8**

**General:** In this question part candidates are either directed to design a study based on a named method or are free to suggest any way in which the assessment request could be investigated. Each answer should be considered individually as it applies to the mark scheme.

**Specific:** Candidates must use a questionnaire, so questionnaire design (open/closed) scales and scoring should be included in addition to examples of questions.

- (b) Explain the evidence on which your suggestion is based.** **[6]**  
**AO1=6**

In this question part candidates are expected to justify his or her decisions or evidence presented regarding the design made in answer to question part (a).

Most likely inclusion:

- knowledge of methodology (questionnaires)
- knowledge of ‘individual’ and ‘situational’ explanations
- knowledge of theories of aggression