Diploma Programme
Programme du diplôme
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Markscheme

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Psychology

Higher and Standard level

Paper 2

20 pages

Paper 2 assessment criteria

Criterion A — Focus on the question [2]

To understand the requirements of the question students must identify the problem or issue being raised by the question. Students may simply identify the problem by restating the question or breaking down the question. Students who go beyond this by **explaining** the problem are showing that they understand the issues or problems.

Marks	Level descriptor
0	Does not reach the standard described by the descriptors below.
1	Identifies the problem/issue raised in the question.
2	Explains the problem/issue raised in the question.

Criterion B — Knowledge and understanding [6]

This criterion rewards students for demonstrating their knowledge and understanding of specific areas of psychology. It is important to credit **relevant** knowledge and understanding that is **targeted** at addressing the question and explained in sufficient detail.

Marks	Level descriptor
0	Does not reach the standard described by the descriptors below.
1 – 2	The response demonstrates limited relevant knowledge and understanding. Psychological terminology is used but with errors that hamper understanding.
3 – 4	The response demonstrates relevant knowledge and understanding but lacks detail. Psychological terminology is used but with errors that do not hamper understanding.
5 – 6	The response demonstrates relevant, detailed knowledge and understanding. Psychological terminology is used appropriately.

Criterion C — Use of research to support answer [6]

Psychology is evidence based so it is expected that students will use their knowledge of research to support their argument. There is no prescription as to which or how many pieces of research are appropriate for their response. As such it becomes important that the research selected is **relevant** and useful in **supporting** the response. One piece of research that makes the points relevant to the answer is better than several pieces that repeat the same point over and over.

Marks	Level descriptor
0	Does not reach the standard described by the descriptors below.
1 – 2	Limited relevant psychological research is used in the response. Research selected serves to repeat points already made.
3 – 4	Relevant psychological research is used in support of the response and is partly explained. Research selected partially develops the argument.
5 – 6	Relevant psychological research is used in support of the response and is thoroughly explained. Research selected is effectively used to develop the argument.

Criterion D — Critical thinking [6]

This criterion credits students who demonstrate an inquiring and reflective attitude to their understanding of psychology. There are a number of areas where students may demonstrate critical thinking about the knowledge and understanding used in their responses and the research used to support that knowledge and understanding. The areas of critical thinking are:

- research design and methodologies
- triangulation
- assumptions and biases
- contradictory evidence or alternative theories or explanations
- areas of uncertainty.

These areas are not hierarchical and not all areas will be relevant in a response. In addition, students could demonstrate a very limited critique of methodologies, for example, and a well-developed evaluation of areas of uncertainty in the same response. As a result a holistic judgement of their achievement in this criterion should be made when awarding marks.

Marks	Level descriptor
0	Does not reach the standard described by the descriptors below.
1 – 2	There is limited critical thinking and the response is mainly descriptive. Evaluation or discussion, if present, is superficial.
3 – 4	The response contains critical thinking, but lacks development. Evaluation or discussion of most relevant areas is attempted but is not developed.
5 – 6	The response consistently demonstrates well-developed critical thinking. Evaluation or discussion of relevant areas is consistently well developed.

Criterion E — Clarity and organization [2]

This criterion credits students for presenting their response in a clear and organized manner. A good response would require no re-reading to understand the points made or the train of thought underpinning the argument.

Marks	Level descriptor
0	Does not reach the standard described by the descriptors below.
1	The answer demonstrates some organization and clarity, but this is not sustained throughout the response.
2	The answer demonstrates organization and clarity throughout the response.

Abnormal psychology

1. Contrast **two or more** classification systems for abnormal behaviour. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "contrast" requires candidates to give an account of the differences between two or more classifications for abnormal behaviour, referring to both (all) of them throughout.

Classification systems for psychological disorders include, but are not limited to:
- DSM-5 (American Psychiatric Association, 2013)
- The International Classification of Diseases (ICD-11, World Health Organization, 2018)
- The Chinese Classification of Mental Disorders (CCMD-3, Chinese Society of Psychiatry, 2001)

Responses contrasting two versions of one classificatory system (for example: DSM IV and V) may be awarded up to full marks.

Contrasting points may include, but are not limited to:
- reliability of diagnosis
- cross-cultural validity in diagnostic conceptualization
- examining the underlying assumptions
- degree of supporting research
- language and multidiscipline covered
- symptomology versus causation or explanation versus description
- difference in cost
- approval and acceptance

Relevant research may include, but is not limited to:
- Hafstad et al.'s (2017) comparison of ICD-11 and DSM-5 criteria for diagnosis of PTSD
- First et al.'s (2021) comparative study on category-level diagnostic requirements for mental disorders in ICD-11 and DSM-5.
- Evans et al.'s (2020) Global field study for the reliability of diagnostic classification for irritability under ICD 11 with ICD 10 and DSM 5
- Andrews et al.'s (1999) comparison of ICD-10 and DSM-IV diagnoses
- Haroz et al. (2017); Cheah & Roy's (2001) studies for differentiation of symptoms of depression in a cultural context
- Nicholls et al.'s (2000) evaluation of diagnostic reliability for ICD and DSM
- Zheng et al.'s (1994) comparison of CCMD-2 and DSM-III-R systems.

If the candidate provides only an implicit contrast, the response should be awarded up to a maximum of **[2]** for criterion D: critical thinking. All remaining criteria should be awarded marks according to the best fit approach.

2. To what extent do cognitive factors explain the etiology of abnormal psychology? **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term “to what extent” requires candidates to consider the contribution of cognitive factors to the etiology of abnormal psychology.

Cognitive factors include, but are not limited to:
- cognitive schemas and maladaptive thoughts
- cognitive appraisal and irrational beliefs
- cognitive distortions
- intrusive memories: flashbacks.

Candidates may address one cognitive factor to demonstrate the depth of knowledge or may address a larger number of cognitive factors to demonstrate the breadth of knowledge. Both approaches are equally acceptable.

It is appropriate and useful for candidates to address biological and sociocultural factors to respond to the command term “to what extent”.

The extent to which cognitive factors influence the etiology of the disorder may be addressed by referring to, but not limited to:
- Research findings tend to suggest that an analysis of cognitive factors helps clinicians understand the etiology, symptoms, and personality of individuals with a certain disorder.
- Claims that cognitive explanations fail to provide any explanation of why these distortions arise and why some people use them while others do not claim that it is difficult to establish cause and effect relationships.
- The onset and development of the disorder is a result of complex interactions between biological, cognitive and/or sociocultural factors. For example, responses may claim that females are more likely to suffer from some eating disorders than males, suggesting that hormonal fluctuations are related to women’s greater vulnerability. Further elaboration may argue that the reasons for the disorder are rooted more in social causes than in cognitive ones.
- Research findings on the effectiveness of CBT may be included but the information must be "shaped" and clearly linked to the etiology of abnormal behaviour.

Relevant research may include, but is not limited to:
- El Leithy et al.’s (2006) study on the role of counterfactual thinking and posttraumatic stress reaction
- Cockram et al.’s (2010) study that suggests early maladaptive schema have an important role in the development and maintenance of PTSD
- Haeffel and Hames’s (2014) study investigating cognitive vulnerability to depression
- Tchanturia et al.’s (2011) study that explored the cognitive flexibility in a large dataset of people with eating disorders
- Myers and Wells’s (2003) study on the role of intrusive thoughts in PTSD.

3. Discuss **one or more** research methods used in studies investigating the treatment of disorders. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered review of one or more research methods used in the study of the treatment of disorders.

Research methods used in the study of the treatment of the disorders could include, but are not limited to:
- Experiment
- Case study
- Interview (focus group, semi-structured)
- Observation
- Correlational studies (surveys).

Discussion points may include, but are not limited to:
- Methodological issues and the use of alternative/additional methods (triangulation)
- Applications of the empirical findings
- Assumptions and biases within the findings of the research
- Causation or exploration
- Implications of the findings
- Supporting and/or contradictory findings
- Sample choice and size and the generalizability of findings
- Short term vs. long term effects of treatments
- Ethical considerations related to how/why research method has been chosen and applied to the treatment of disorders (confidentiality, deception, causing harm, right to withdraw, how effectiveness of treatment is decided, etc)

Relevant research may include, but is not limited to:
- Experiment: Singh's (2016) randomized placebo-controlled study to explore intravenous Ketamine doses frequency for the treatment of resistant depression; Davison et al.'s (2001) double-blind randomized controlled for treatment of post-traumatic stress disorder
- Interview: Ma et al.'s (2006) study on the effectiveness of family therapy for anorexia nervosa; Lock et al. (2006) compared the short-term and long-term courses of family-based therapy (FBT) for anorexia nervosa
- Quasi-experiment: Signal et al.'s (2013) study for the efficacy of equine facilitated therapy for the reduction of depressive symptoms.
- Case study: Rauthbaum's (1999) virtual reality exposure therapy for post-traumatic stress disorder; Ma's (2008) case study on parent-child conflict in family therapy for anorexia nervosa; Hatala and Waldram's (2016) study on the role of sensorial processes in Q'eqchi'Maya healing in depression and bereavement
- Correlational study: Hoffman et al. (2011) examined the effectiveness of Zoloft use or an exercise programme for major depressive disorder.

Candidates may discuss one research method to demonstrate the depth of knowledge or may discuss a larger number of research methods to demonstrate the breadth of knowledge. Both approaches are equally acceptable.

The main focus of the response should be on the research methods used in the studies cited, not on the studies themselves.

For questions asking for discussion or evaluation of research methods, marks awarded for criterion B should refer to definitions of terms and concepts relevant for research methodology. Overall, this includes some knowledge of the specific topic (treatment of disorders) and general knowledge and

understanding related to research methods and ethics (for example definitions of relevant terms in research methodology or ethics in research).

Marks for criterion B should be awarded as follows:
- 1–2 General knowledge of topic (treatment of disorders)
- 3–4 Knowledge of general research terms and concepts is provided but lacks detail. Some minor errors might be present
- 5–6 Relevant knowledge of specific research methods material is utilized and concepts are defined within the context of the specific study.

Marks awarded for criterion C assess the quality of the description of a study/studies and assess how well the student linked aspects of the study to the question.

Developmental psychology

4. Discuss **one or more** theories/models of cognitive development. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered review of one or more theories/models of cognitive development.

Theories/models may include, but are not limited to:
- Piaget's theory of cognitive development
- Vygotsky's theory of sociocultural theory
- Bruner's theory suggesting that thinking is the result of cognitive development
- the information-processing approach to cognitive development
- neurobiological explanations of cognitive development.

Relevant studies may include, but are not limited to:
- Piaget and Inhelder's (1956) three mountain study
- Bower and Wishart's (1977) study on object permanence
- Samuel and Bryant's (1984) study on conservation experiment
- Chi's (1978) study on processing skills
- Giedd's (2004) MRI studies on normal brain development
- Saxe *et al.*'s (1987) study on the zone of proximal development
- Wood *et al.*'s (1976) study on the role of tutoring in problem solving.

Discussion may include, but is not limited to:
- methodological and ethical considerations related to the research into cognitive development
- stages versus continuous process
- how the findings of research have been interpreted and applied
- implications of the findings
- assumptions and biases
- areas of uncertainty
- supporting and/or contradictory evidence
- alternative theories/explanations
- comparing and contrasting different theories
- practical applications and real-world implications.

Candidates may discuss one theory/model of cognitive development in order to demonstrate depth of knowledge, or may discuss a larger number of theories/models in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

5. Discuss the development of empathy **and/or** theory of mind. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered review of the development of empathy and/or theory of mind. Candidates may discuss only the development of a theory of mind or only the development of empathy or may discuss the development of both of them. These approaches are equally acceptable.

The theory of mind is the ability to understand and attribute a particular mental state to a certain behaviour. Empathy is a similar concept but slightly different in that it refers to the ability to infer another's emotional state.

Research relevant to the theory of mind may include, but is not limited to:
- Wellman, Cross and Watson (2001) 'Meta-analysis of theory-of-mind development: the truth about false belief'
- Byom and Mutlu (2013) 'Theory of mind: mechanisms, methods, and new directions'
- Happé (1995) 'The role of age and verbal ability in the theory of mind task performance of subjects with autism'
- Wellman and Gelman (1992) 'Cognitive development: Foundational theories of core domains'
- Peterson et al. (2016) 'Peer Social Skills and Theory of Mind in Children with Autism, Deafness, or Typical Development'
- Buttelmann et al. (2007) 'Chimpanzees' ability to understand intentions'
- Krupenye et al (2016) 'Understanding false beliefs in great apes'
- Baron-Cohen, Leslie and Frith (1985) 'Understanding false beliefs in human children'.

Research relevant to the development of empathy may include, but is not limited to:
- Bischof-Köhler (1991) 'The Development of Empathy in Infants'
- van der Mark et al. (2002) 'Development of Empathy in Girls During the Second Year of Life: Associations with Parenting, Attachment, and Temperament'
- Damon and Hart (1992) 'Self-understanding and its role in social and moral development'
- McDonald and Messinger (2011) 'The Development of Empathy: How, when and why'
- Moore (1990) 'The origins and development of empathy'
- Meltzoff (1995) 'Representation of intentions in human children'.

Relevant areas of discussion may include, but are not limited to:
- the social and cultural influences (*e.g.* Astington and Gopnik, 1991; Dunn et al., 1991; Harris, 1989)
- the biological influences (*e.g.* Saxe and Powell, 2006; Gallagher et al., 2003)
- the deficits in social insight, for example in autism spectrum disorders (*e.g.* Baron-Cohen, 2001; Frith, 1994; Leslie and Frith, 1988)
- the presence or absence of empathy or theory of mind in non-human animals (*e.g.* Penn and Povinelli, 2007; Heyes, 1998; Premack and Woodruff, 1978)
- practical applications/real world implications (e.g. child rearing strategies, education, treatment of autism etc)

Responses referring to animal research are acceptable as long as they are linked to human behaviour.

Responses referring to cognitive development are not acceptable and should not earn marks unless specifically tied to the development of theory of mind/empathy.

Candidates may discuss one aspect of development of empathy and/or theory of mind in order to demonstrate depth of knowledge, or may discuss a larger number of aspects of development of empathy and/or theory of mind in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

6. To what extent does childhood trauma affect development? **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "to what extent" requires candidates to consider the impact of childhood trauma on development.

Relevant studies include, but are not limited to:

- the effects of deprivation in critical periods (the cases of Genie/Anna/Isabelle)
- PTSD as a consequence of trauma (Feldman and Vengrober, 2011; Luo *et al*., 2012)
- Rutter *et al*.'s (2001) and Rutter's (1981) studies on the consequences of deprivation
- Cockett and Tripp's (1994) study on long-term attachment deprivation effects
- Koluchova's (1972; 1976) study showing the possibility of reversing the effects of deprivation
- Fieldman and Vengrober's (2011) study on post-traumatic stress disorder in children living in the Gaza strip.

When responding to the command term "to what extent", considerations may include, but are not limited to:

- long-term / short-term effects
- methodological considerations related to the research into the effect(s) of childhood trauma
- how the findings of research have been interpreted and applied
- implications of the findings
- assumptions and biases
- areas of uncertainty
- supporting and/or contradictory evidence
- alternative explanations or factors
- resilience and protective factors.

Health psychology

7. To what extent have **one or more** health promotion programmes been effective in promoting health? **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "to what extent" requires candidates to consider the impact of one or more health promotion programmes in promoting health. Responses may address the influence of health promotion programmes on physiological, cognitive and/or social aspects of health.

Examples of health promotion programmes may include, but are not limited to:
- food labelling programmes
- stress reduction programmes such as mindfulness-based stress reduction or yoga
- health education campaigns such as the TRUTH anti-tobacco campaign (USA)
- NHS's 'Healthy Child Programme'; keeping children healthy and safe (UK)
- public health campaigns designed to change beliefs and attitudes
- NHS's Diabetes Prevention Programme (UK)
- taxes and/or subsidies upon products such as sugar, tobacco, or alcohol
- National Tobacco Campaign (Australia).

Relevant research may include, but is not limited to:
- Peckmann and Reibling's (2006) study of the effectiveness of fear campaigns
- Yee *et al*.'s (2006) study of effectiveness of strategies to change behaviours related to obesity
- Sly *et al*.'s (2002) survey on community-based anti-smoking promotion among teens
- Holm's (2002) survey on the efficiency of health campaigns
- Schum and Gould's (2007) study of why health campaigns are effective
- Morris and Wilson (2005) 'Investigating smoking behaviours and attitudes of nurses and nursing assistants using the Health Belief Model'
- Prochaska and Di Clemente's (1983) 'Longitudinal research on the effectiveness of the Integrative Model of change for smoking behaviour'
- Marlatt and Gordon's (1985) 'Relapse prevention: maintenance strategies in the treatment of addictive behaviours'.

When responding to the command term "to what extent", considerations may include, but are not limited to:
- a comparison of the effectiveness of two or more programmes
- methodological considerations related to the research into health promotion
- how the findings of research have been interpreted and applied
- implications of the findings
- the accuracy and clarity of the concepts
- assumptions and biases
- areas of uncertainty
- supporting and/or contradictory evidence
- alternative explanations or factors
- non-effectiveness /harmfulness of programmes
- Short-term vs. long-term effects.

It is appropriate and useful for candidates to address other relevant factors (such as biological/genetic predisposition and socio-economic factors) in order to respond to the command term "to what extent".

Candidates may address one health promotion programme to demonstrate the depth of knowledge or may address a larger number of health promotion programmes to demonstrate the breadth of knowledge. Both approaches are equally acceptable.

8. Evaluate **one or more** studies related to risk **and/or** protective factors in determining health. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "evaluate" requires candidates to make an appraisal by weighing up the strengths and limitations of one or more studies related to risk and/or protective factors in determining health. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Risk and protective factors may include, but are not limited to:

- socioeconomic factors
- level of peer support
- social isolation
- family dysfunction
- health beliefs
- resiliency traits.

Relevant studies may include, but are not limited to:

- Haines, Neumark-Sztainer, Wall, & Story's (2012) study of risk and protective factors of adolescent weight gain
- Padez et al.'s (2005) study on risk and protective factors for overweight and obesity in children
- Haines et al.'s (2006) study on risk and protective factors for obesity in adolescents
- Jesse et al.'s (2005) study of risks and protective factors associated with symptoms of depression in low-income African-American and Caucasian women during pregnancy
- Tran's (2014) study of risk and protective factors of Type 2 diabetes among six groups of foreign-born Asian-Americans
- Unger and Chen's (1999) study of risk and protective factors related to adolescent smoking initiation
- Yi, Poudel, and Yasouka's (2010) study of the role of risk and protective factors in risky sexual behaviors in Cambodian high school students.

Evaluation of the selected studies may include but is not limited to:

- methodological and ethical considerations
- cultural and gender considerations
- contrary findings
- the applications of the empirical findings
- how the findings of research have been interpreted
- implications of the findings.

If the candidate addresses only strengths or only limitations, the response should be awarded up to a maximum of **[3]** for criterion D: critical thinking. All remaining criteria should be awarded marks according to the best fit approach.

In questions that ask for evaluation of studies, in criterion A we assess to what extent is the response focused on the question. Responses that are generic, lack a focus on the specific question and seem as pre-prepared essays of relevance to the general topic (but not to evaluation of one or more studies) should be awarded **[0]** for this criterion. If the response identifies which studies will be evaluated but there is also extra information that is not relevant or necessary for the specific question then **[1]** should be awarded. Responses that are clearly focused on evaluating one or more studies should be awarded **[2]**.

Marks awarded for criterion B should refer to definitions of terms and concepts. Overall this could include some knowledge of topic but more specifically knowledge and understanding related to research methods and ethics of chosen studies.

Marks for criterion B should be awarded as follows:

- 1–2 General knowledge of topic (risk and/or protective factors in determining health)
- 3–4 Knowledge of general research terms and concepts is provided but lacks detail. Some minor errors might be present
- 5–6 Relevant knowledge of specific research methods material is utilized and concepts are defined within the context of the specific study.

Marks awarded for criterion C assess the quality of the description of as study/studies and assess how well the student linked the findings of the study to the question - this doesn't have to be very sophisticated or long for these questions but still the aim or the conclusion should be linked to the topic of the specific question.

Criterion D assesses how well the student is explaining strengths and limitations of the study/studies.

9. Discuss prevalence rates of **one or more** health problems. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to make a considered review of prevalence rates, using one or more health problems as examples.

Prevalence rates refer to the proportion of a population who have a specific characteristic at any given time. Prevalence can be influenced by cultural, gender and lifestyle factors.

Health problems discussed may include but not limited to stress, addiction, obesity, chronic pain and sexual health.

Relevant research may include, but is not limited to:
- Kamen and Seligman's (1987) longitudinal study of attributional style and health level
- Thoits's (1995) review of studies of gender prevalence in giving and receiving social support for coping with stress
- Charlton's (1984) survey of attitudes toward smoking and enjoyment based on cognitive and sociocultural factors
- Stunkard *et al*.'s (1990) correlational study comparing genetic and environmental factors in obesity
- Kolodny *et al*.'s (2015) review of the opioid and heroin crisis in the USA
- Jordan *et al*.'s (2017) review and meta-analysis of prevalence of prescription opioid misuse among under-30s in the USA.

Critical discussion may include, but is not limited to:
- methodological and ethical considerations in relation to investigating prevalence rates in health problems
- how the findings of research have been interpreted and applied
- implications of the findings
- areas of uncertainty
- age and gender differences
- lifestyle (diet; exercise; sleep; relationships)
- social and cultural norms
- socioeconomic status
- mental health issues linked to one or more health problem.

Responses solely focusing on prevalence rates of mental health issues with no explicit link to health problems should be awarded as follows:
Criterion A: The question is not addressed – **[0]**
Criterion B: Knowledge and understanding is not linked to the question – up to a maximum of **[2]**
Criterion C: Studies are not used to address the question – up to a maximum of **[2]**
Criterion D and E: The whole range of marks can be awarded.

However, if mental health disorders (e.g. anxiety, depression) are discussed as a factor arising from or related to health problems (e.g. stress, obesity) a full range of marks can be awarded for all criteria.

Psychology of human relationships

10. Discuss **one or more** factors that may affect the formation of personal relationships. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered review of the formation of personal relationships. Candidates may address specific types of personal relationships (eg romantic, peer, family) or personal relationships in general. Both approaches are equally acceptable.

Candidates may refer to factors including, but not limited to:
- socio-economic factors
- learning factors
- cognitive factors (fatal attraction theory, internal working model)
- evolutionary / biological factors
- cultural and gender roles
- online dating
- communication (social penetration theory).

Relevant studies may include, but are not limited to:
- Flora and Segrin's (2003) study on the perception of the relationship in married and dating couples
- Wedekind's (1995) experiment on mate preference based on genetic makeup
- Fisher et al.'s (2005) fMRI investigation into neural mechanisms of mate choice
- Johnston et al.'s (2001) experiments investigating the importance of a woman's hormonal state on the attractiveness of men's faces
- Buss et al.'s (1989) cross-cultural study on factors in attraction
- Morry (2005); Markey and Markey's (2007) investigation into the attraction-similarity hypothesis
- Taylor et al.'s (2011) study testing Matching Hypothesis in the real world
- Gupta and Singh's (1982) study using interviews on arranged marriages in Indian couples.
- Hazan's study (1987) correlational study between one's attachment style and their satisfaction in romantic relationships

Discussion may include, but is not limited to:

- methodological and ethical considerations related to the research into the formation of personal relationships
- cultural and gender considerations
- how the findings of the research have been interpreted and applied
- implications of the findings
- assumptions and biases
- areas of uncertainty
- supporting and/or contradictory evidence
- alternative explanations.

Candidates may consider a small number of factors to demonstrate the depth of knowledge or may consider a larger number of factors to demonstrate the breadth of knowledge. Both approaches are equally acceptable

Responses that focus specifically on maintenance and/or dissolution of relationships and make no reference to formation of relationships should not be awarded marks. However, it could be appropriate to discuss how factors that affect the formation of relationship may affect the maintenance and change of a relationship (e.g. according to fatal attraction theory the factors that bring us together are likely to cause the breakup of the relationship later on). For these responses a full range of marks can be awarded for all criteria.

11. Discuss prosocial behaviour. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered review of prosocial behaviour. Since the question is very open there are a number of pathways by which discussion could be achieved - marks awarded should reflect the degree to which material is used/shaped to the question.

Responses may refer to factors and/or theories related to prosocial behaviour including, but not limited to:

- Dawkins' selfish gene theory
- Kin selection theory
- Trivers' reciprocal altruism theory
- Cialdini's negative-state relief model
- Batson's empathy-altruism model.
- Promotion of prosocial behaviour

Relevant studies may include, but are not limited to:

- Piliavin et al.'s (1969) field experiment on factors involved in helping behaviour
- Whiting and Whiting's (1979) comparison of prosocial behaviour in six cultures as a result of child-rearing practices
- Batson et al.'s (1981) experiment on participants' motivation to help if they could escape based on the empathy-altruism theory
- Oliner and Oliner's (1998) study on dispositional factors and personal norms in prosocial behaviour in relation to rescuing Jews during the Second World War
- Miller et al.'s (1990) study on the influence of cultural norms and moral values on perceptions of social responsibility
- Levine et al.'s (2001) study investigating cross-cultural differences in helping behaviour
- Aknin et al.'s (2013) cross-cultural study on prosocial behaviour spending and wellbeing.
- Crockett et al.'s (2010) study on the effect of serotonin on prosocial behaviour.
- Madsen et al.'s (2007) study on the role of biological kinship in altruistic behaviour.
- Paluck, E.L. (2009) Reducing intergroup prejudice and conflict using the media: A field experiment in Rwanda

Candidates may consider a small number of factors and/or theories to demonstrate the depth of knowledge or may consider a larger number of factors and/or theories to demonstrate the breadth of knowledge. Both approaches are equally acceptable.

Responses solely focusing on bystanderism with no explicit link to prosocial behaviour should be awarded as follows:
Criterion A: The question is not addressed – **[0]**
Criterion B: Knowledge and understanding is not linked to the question – up to a maximum of **[2]**
Criterion C: Studies are not used to address the question – up to a maximum of **[2]**
Criterion D and E: The whole range of marks can be awarded.

However, if bystanderism is discussed and linked to prosocial behavior potentially a full range of marks for all criteria can be awarded

12. Discuss the origins of conflict **and/or** conflict resolution. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered review of the origin of conflict and/or conflict resolution.

Origins of conflict may include, but are not limited to:

- realistic conflict theory
- competition
- perceived injustice
- misperception
- minimal group paradigm
- relative deprivation theory
- polarization of views.

Origins of conflict resolution may include, but are not limited to:

- styles of conflict resolution
- co-operation
- negotiation
- conflict management
- reference made to social cognition theory and Sabido methodology.

Relevant theories/studies could include, but are not limited to:

- Sherif et al.'s (1961) field experiment on competition and conflict resolution between groups
- Esses's (2010) investigation on the role of perceived competition for resources in determining negative attitudes toward immigrants
- Chambers and De Dreu's (2014) study on conflict and negotiation
- Sternberg and Dobson's (1987) study on the resolution of interpersonal conflicts
- Sternberg and Soriano's (1984) study on styles of conflict resolution
- Paluck's (2009) field experiment in reducing intergroup prejudice and conflict with the mass media
- Novotny and Polonsky's (2011) survey that documented that personal contacts can lead to more positive attitudes towards Muslims
- Savelkoul et al.'s (2011) study on more exposure to unavoidable intergroup contacts and the expression of lesser perceived threats.

Discussion may include but is not limited to:

- the role of egocentrism
- the effectiveness of the conflict resolution style
- gender considerations
- cultural considerations

Candidates may consider a small number of origins of conflict/conflict resolution to demonstrate depth of knowledge or may consider a larger number of origins of conflict/conflict resolution to demonstrate the breadth of knowledge. Both approaches are equally acceptable.