

# Markscheme

**May 2024**

**Psychology**

**Higher level and standard level**

**Paper 2**

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## 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.

<b>Marks</b>	<b>Level descriptor</b>
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. Evaluate **one or more** research methods used to investigate factors influencing diagnosis.

*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 research methods related to research on factors influencing diagnosis. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Relevant research method(s) may include but are not limited to:

- Case studies
- Correlational studies
- Surveys
- Interviews
- Experiments / quasi-experiments
- Meta-analyses.

Candidates may address one research method to demonstrate depth of knowledge, or may address more than one research method to demonstrate breadth of knowledge. Both approaches are acceptable.

Relevant research may include but is not limited to:

- Rosenhan’s (1973) case study on validity and reliability of diagnosis
- Kleinmann’s (1984) interviews on cultural differences in diagnosis of depression in Chinese population
- Beck *et al.*’s (1962) quasi-experiment on reliability of diagnosis between two psychiatrists
- Cooper *et al.*’s (1972) quasi-experiment on location and diagnosis
- Jenkins-Hall and Sacco’s (1991) quasi-experiment on discrimination and its effect on validity of diagnosis.
- Rück *et al.*’s (2014) correlational study on validity and reliability of chronic tic disorder and obsessive-compulsive disorder diagnoses in the Swedish National Patient Register
- Di Nardo *et al.*’s (1993) correlational study on the reliability of the DSM III for the diagnosis of anxiety disorders
- Lipton and Simon’s (1985) correlational study on reliability of diagnosis for schizophrenia and mood disorders

Evaluation of the research methods may include but is not limited to:

- why the method(s) was/were selected and the appropriateness of the method(s) including strengths and weaknesses of the method(s)
- the ease and cost of procedures
- the issues of validity and reliability
- the generalizability of findings
- the use of alternative/additional methods (triangulation)
- ethical considerations.

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 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 (factors affecting diagnosis)
- 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 utilised 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.

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.

2. Contrast **two or more** explanations for one or more disorders.

*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 explanations of one or more disorder(s), referring to both explanations throughout. It is not necessary for candidates to evaluate the explanations in order to receive high marks.

The disorder(s) chosen are likely to come from the list in the guide: anxiety disorders; depressive disorders; obsessive compulsive disorders; trauma and stress-related disorders; eating disorders.

Candidates may focus on one disorder to demonstrate depth of knowledge or may focus on more than one disorder to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Explanations contrasted may include, but are not limited to:

- cognitive explanations
- sociocultural explanations
- genetic/biological explanations
- psychoanalytic explanations
- biopsychosocial explanations.

Candidates may contrast two explanations to demonstrate depth of knowledge or may address more than two explanations to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Factors that might be considered when contrasting explanations include, but are not limited to:

- genetic factors
- biochemical factors
- cognitive style
- cognitive distortion and bias
- cultural/gender factors
- environmental factors.

Relevant studies may include but are not limited to:

- Henninger *et al.*'s (1996) study on reducing serotonin levels in healthy individuals
- Nurnberg and Gershon's (1982) review of seven twin studies on major depression
- Boury *et al.*'s (2001) correlation between amount of negative automatic thoughts and the severity of depression
- Alloy, Abramson and Francis's (1999) study on negative cognitive style and depression
- Brown and Harris's (1978) study on social factors of depression
- Kendler *et al.*'s (1991) twin research on genetic vulnerability in bulimia nervosa
- Jaeger *et al.*'s (2002) cross-cultural study on the relationship between body dissatisfaction and development of bulimia
- Gilbertson *et al.*'s (2002) twin study on the hippocampus and PTSD
- Irish *et al.*'s (2011) study on gender differences and PTSD.

If a candidate only discusses two explanations of one disorder without explicitly addressing the contrast command, the response should be awarded a maximum of up to **[2]** for Criterion D: critical thinking. All remaining criteria should be awarded marks according to the best fit approach.



3. Evaluate **one or more** studies investigating the role of culture in the treatment of **one or more** disorders.

*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 investigating the role of culture in the treatment of one or more disorders. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

The disorder(s) chosen are likely to come from the list in the guide: anxiety disorders; depressive disorders; obsessive compulsive disorders; trauma and stress related disorders; eating disorders.

Candidates may address one disorder to demonstrate depth of knowledge, or may address more than one disorder to demonstrate breadth of knowledge. Both approaches are acceptable.

Relevant studies may include but are not limited to:

- Castillo’s (1997) study on a client-centred approach acknowledging cultural factors in treatment
- Sue and Zane’s (2009) study on the role of culture and cultural techniques in psychotherapy
- Marsala’s (2012) study on cultural conceptions of mental health and therapy
- Nicholl and Thompson’s (2004) study on culturally sensitive adaptations of CBT on post-traumatic stress disorder (PTSD) in adult refugees
- Sharen and Sundar’s (2015) study on cultural differences in treating eating disorders in young females
- Zhang et al.’s (2002) study on Chinese Taoist cognitive psychotherapy (CTCP) for Generalized Anxiety Disorder (GAD)
- Kinzie et al.’s (1987) study on compliance to antidepressant treatment in different cultures
- Leong and Kalbatseva’s (2011) study on barriers that affect a group’s willingness to seek treatment.

Candidates may evaluate one study in order to demonstrate depth of knowledge or may consider a larger number of studies in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

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

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

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]. 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 gain [2].

Marks awarded for criterion B should refer to definitions of terms and concepts relating to research studies. 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 (role of culture in the treatment of one or more 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 utilised 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 which in this case is the role culture in the treatment of one or more disorders.

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

## Developmental psychology

4. Discuss the influence of childhood trauma on cognitive and/or social development.

*Refer to the paper 2 assessment criteria when awarding marks.*

The command term “discuss” requires candidates to give a considered review of the impact of childhood trauma on cognitive and/or social development.

Candidates may discuss one way in which childhood trauma influences cognitive and/or social development in order to demonstrate depth of knowledge, or may discuss a larger number of influences in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Relevant studies include, but are not limited to:

- Curtiss’s (1977; 1981) case studies on the effects of deprivation in critical periods (Genie)
- Feldman and Vengrober’s (2011) study and Luo *et al.*’s (2012) studies on PTSD as a consequence of trauma
- 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) case studies showing the possibility of reversing the effects of deprivation
- Zeanah *et al.*’s (2005); Rutter’s (2007) studies on the effects of institutionalization on children.

Discussion may include, but is not limited to:

- long-term / short-term effects of childhood trauma
- methodological and ethical considerations
- gender/cultural considerations
- how the findings of research have been interpreted
- practical applications of the findings
- implications of the findings
- assumptions and biases
- areas of uncertainty
- supporting and/or contradictory evidence
- alternative explanations or factors (eg resilience).

It could be useful and appropriate for candidates to make reference to deprivation, neglect, domestic violence and resilience in order to explain the impact of childhood trauma on cognitive and/or social development.

If solely the impact of poverty (low socioeconomic status (SES)) on development is addressed with no reference to trauma, the response should be awarded up to a maximum of **[2]** for criterion B as knowledge and understanding is not linked to the question.

5. Discuss the development of gender identity.

*Refer to the paper 2 assessment criteria when awarding marks.*

The command term “discuss” requires candidates to offer a considered review of gender identity development.

Candidates may address one explanation of development of gender identity to demonstrate depth of knowledge, or may address a larger number of explanations to demonstrate breadth of knowledge. Both approaches are acceptable.

Theories discussed may include, but are not limited to:

- biosocial theory of gender development (Money and Ehrhardt, 1972)
- social cognitive theory of gender development (Bandura, 1977)
- gender schema theory (Martin and Halvorson, 1978)
- transgender identity theories (Nagoshi and Brzuzy, 2010)
- social role theory of gender development (Eagly, 1987)
- cognitive developmental theory of gender (Kohlberg, 1966)

Relevant studies related to gender identity may include, but are not limited to:

- Martin and Halvorson’s (1983) study on the role of gender schemas on gender roles
- Witt (1997); Fagot’s (1978) studies on the influence of parents on gender roles
- Naculaesei (2015); Mead’s (1935) studies on gender roles and society
- Money and Ehrhardt’s (1972) case study on David Reimer
- Martin’s (1989) study on the influence of gender labelling on information processing
- Slaby and Frey’s (1975) study on stages of gender development.

Discussion points may include, but are not limited to:

- underlying assumptions of gender identity development
- evidence in support of the theories
- the strengths and limitations of the theory/theories
- methodological and ethical considerations
- cultural and/or gender considerations
- contrary findings or explanations
- practical applications of the findings
- implications of the findings.

6. Evaluate **one or more** theories/models of cognitive development.

*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 theories/models of cognitive development. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

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.

Theories/models may include, but are not limited to:

- Piaget's theory of cognitive development
- Bruner's theory of cognitive development
- Vygotsky's theory of cognitive development
- Kohlberg's theory of moral development
- theories of brain development.

Research studies may include, but are not limited to:

- Piaget and Inhelder's (1956) Swiss mountain study
- Bower and Wishart's (1977) study on object permanence
- Samuel and Bryant's (1984) study on conservation
- Saxe *et al.*'s (1987) study on the zone of proximal development
- Winsler *et al.*'s (2003) study on speech patterns and problem-solving tasks
- Kohlberg's (1984) study on dilemmas
- Zuliana *et al.*'s (2019) study on teaching mathematics
- Giedd's (2004) longitudinal study using MRIs to investigate structural changes in the human brain during adolescence.

Evaluation may include, but is not limited to:

- stages versus continuous process
- the accuracy and clarity of the concepts
- practical applications of the theory
- how the findings of research have been interpreted
- assumptions and biases
- areas of uncertainty
- supporting and/or contradictory evidence
- contradictory explanations
- gender and/or cultural considerations
- methodological and ethical considerations
- comparisons/contrasts of different models.

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.

## Health psychology

### 7. Discuss **one or more** studies related to health promotion.

*Refer to the paper 2 assessment criteria when awarding marks.*

The command term “discuss” requires candidates to make a considered review of one or more studies related to health promotion.

Candidates may discuss one study related to health promotion in order to demonstrate depth of knowledge, or may discuss a larger number of studies in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Relevant studies relating to health promotion may include, but are not limited to:

- Golechha’s (2016) study on health promotion methods for smoking prevention and cessation
- Li *et al.*’s (2015) study on health promotion interventions and policies addressing excessive alcohol use
- Langford *et al.*’s (2015) study on effectiveness of the health promoting schools’ framework
- Lowe *et al.*’s (2004) study on “food dudes” programme
- Peckman and Reibling’s (2006) study of the effectiveness of fear campaigns
- Sanderson and Yopyk’s (2007) study on promoting condom use
- Black *et al.*’s (2010) study on effectiveness of challenge health promotion model

Discussion points may include, but are not limited to:

- methodological and ethical considerations
- cultural and/or gender considerations
- practical applications of the findings
- issues of validity and reliability
- assumptions and biases
- areas of uncertainty
- empirical evidence of programme success or failure.

In questions that ask for discussion 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 the 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 (description and explanation of health promotion)
- 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.

8. Evaluate the biopsychosocial model of health and well-being.

*Refer to the paper 2 assessment criteria when awarding marks.*

The command term “evaluate” requires candidates to make an appraisal by weighing up strengths and limitations of the biopsychosocial model of health and well-being. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Relevant research may include, but is not limited to:

- Engel’s (1977) biopsychosocial model of health
- Buckner *et al.*’s (2013) study in the use of the biopsychosocial model to treat addiction
- Wallace’s (1990) biopsychosocial disease model of alcoholism
- Nguyen *et al.*’s (2016) review of biopsychosocial treatment for obesity
- Jack’s (2013) study on biopsychosocial factors affecting female metabolism in type 1 diabetes
- Cohen *et al.*’s (2003) study on the treatment of nicotine dependence
- Steptoe and Marmot’s (2003) study on stress
- Farooqi and O’Rahilly’s (2006) study on gene–environment interaction in obesity.

Evaluation may include, but is not limited to:

- advantages and disadvantages of the model
- the importance of considering a holistic approach to health
- methodological and ethical considerations
- cultural and/or gender considerations
- supporting and/or contradictory empirical evidence
- alternative explanations
- accuracy and clarity of the concepts
- practical applications of the research findings
- real world implications.

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.

9. To what extent are health problems influenced by sociocultural factors?

*Refer to the paper 2 assessment criteria when awarding marks.*

The command term “to what extent” requires candidates to consider the contribution of sociocultural factors on health problems.

Sociocultural factors influencing health problems may include, but are not limited to:

- social media
- peer groups/role models
- family
- cultural influences
- advertisements
- governmental influence.

It is appropriate and useful for candidates to address biological and/or cognitive factors in order to respond to the command term “to what extent”.

Candidates are likely to write about health problems in relation to health topics in the psychology guide, namely stress, obesity, addiction, chronic pain, and/or sexual health.

If a candidate solely focuses on explanations of mental health issues with no explicit link to health problems the response should be awarded up to a maximum of [2] for criterion B, knowledge and understanding. All remaining criteria should be awarded marks according to the best fit approach.

Relevant studies may include, but are not limited to:

- Powel and Chaloupka’s (2003) study on the role of parental influences on the probability of youth smoking
- Bobo and Husten’s (2000) study on sociocultural influences on smoking and drinking
- Unger et al.’s (2001) cross-cultural survey on adolescent smoking considering the peer factor as well as individualistic and collectivistic cultures
- Prentice and Jebb’s (1995) correlational study on increase in obesity and car ownership and television viewing
- Teevale et al.’s (2010) mixed-method study on the role of sociocultural factors in obesity in Pacific adolescents and their parents
- Joseph’s (2015) study on fast food consumption patterns in overweight boys in India
- Martinez-Gonzalez’s (1999) study on sedentary behaviour and its role in obesity in the EU
- Gibson and Helme’s (2000) study on cognitive factors and the experience of pain and suffering in older persons
- Lundberg’s (2005) study on the effects of stress hormones on health and illness.

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

- degree of empirical support
- methodological considerations
- cultural and/or gender considerations
- possible theoretical assumptions and/or biases
- issues of validity and reliability
- generalizability of findings
- contradictory explanations or findings.



## Psychology of human relationships

### 10. Evaluate **one or more** studies investigating the formation of personal relationships.

*Refer to the paper 2 assessment criteria when awarding marks.*

The command term “evaluate” requires the candidate to make an appraisal of one or more studies regarding the formation of personal relationships by weighing up the strengths and limitations of the selected study or studies. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

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
- Walster et al.’s (1966) study on the matching hypothesis and attractiveness
- Jones et al.’s (2007) study on social proof and attractiveness
- Flora and Segrin’s (2000) study on relationship development in dating couples
- Wedekind’s (1995) study on mate preference based on genetic makeup
- Buss et al.’s (1990) study on cross-cultural factors in attraction (the international mate selection project)
- Gupta and Singh’s (1982) study on arranged marriages in Indian couples
- Keim and Klärner’s (2012) study on personal relationships’ impact on future family formation
- Sanders’s (1997) study on the formation of personal relationships between social beings.

Candidates may evaluate one study in order to demonstrate depth of knowledge or may consider a larger number of studies in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

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

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

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]. 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 gain [2].

Marks awarded for criterion B should refer to definitions of terms and concepts relating to research studies. Overall this could include some knowledge of the 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 (formation of relationships)

- 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 utilised 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 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 which in this case is the formation of relationships.

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

**11. Discuss the origins of conflict and/or conflict resolution.**

*Refer to the paper 2 assessment criteria when awarding marks.*

The command term “discuss” requires candidates to offer a considered review of the origins of conflict and/or conflict resolution.

Relevant factors related to origins of conflict may include, but are not limited to:

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

Relevant factors related to conflict resolution may include, but are not limited to:

- styles of conflict resolution
- co-operation
- negotiation
- conflict management.

Candidates may address origins of conflict or conflict resolution to demonstrate depth of knowledge or may address both to demonstrate breadth of knowledge. Both approaches are acceptable.

Candidates may also 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 breadth of knowledge. Both approaches are equally acceptable.

Relevant studies could include, but are not limited to:

- Sherif et al.'s (1961) field experiment on competition and conflict resolution between groups
- 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
- Esses (2010) investigated the role of perceived competition for resources in determining negative attitudes toward immigrants
- Novotny and Polonsky (2011) 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:

- methodological and ethical considerations related to the research into origins of conflict and/or conflict resolution
- how the findings of research have been interpreted and applied
- implications/practical applications of the findings
- the accuracy and clarity of the concepts
- the productivity of the theories/explanations/factors in generating psychological research
- assumptions and biases
- areas of uncertainty
- supporting and/or contradictory evidence
- alternative theories/explanations.

**12. Discuss by-standerism.**

*Refer to the paper 2 assessment criteria when awarding marks.*

The command term “discuss” requires candidates to offer a considered review of by-standerism.

Theories or models of by-standerism may include, but are not limited to:

- diffusion of responsibility
- normative social influence (conformity)
- arousal cost/reward model of helping
- attribution theory
- cognitive decision model
- pluralistic ignorance.

Relevant studies may include, but are not limited to:

- Darley and Latané’s (1968) study on diffusion of responsibility (the intercom study)
- Latané and Darley’s (1968) pluralistic ignorance (smoke-filled room) study
- Bateson and Darley’s (1973) study on the role of situational and dispositional factors
- Piliavin et al.’s (1969) subway study of helping behavior and the costs/rewards of helping
- Oliner and Oliner’s (1988) study of dispositional factors in by-standerism.

Discussion may include, but is not limited to:

- methodological and ethical considerations related to the research into by-standerism
  - how the findings of research have been interpreted and applied
  - implications of the findings
  - the accuracy and clarity of the concepts
  - the productivity of the theories/explanations/factors in generating psychological research
  - assumptions and biases
  - areas of uncertainty
  - supporting and/or contradictory evidence
  - alternative theories/explanations.
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