

Markscheme

May 2019

Psychology

Higher 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 to 2	The response demonstrates limited relevant knowledge and understanding. Psychological terminology is used but with errors that hamper understanding.
3 to 4	The response demonstrates relevant knowledge and understanding but lacks detail. Psychological terminology is used but with errors that do not hamper understanding.
5 to 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 to 2	Limited relevant psychological research is used in the response. Research selected serves to repeat points already made.
3 to 4	Relevant psychological research is used in support of the response and is partly explained. Research selected partially develops the argument.
5 to 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 to 2	There is limited critical thinking and the response is mainly descriptive. Evaluation or discussion, if present, is superficial.
3 to 4	The response contains critical thinking, but lacks development. Evaluation or discussion of most relevant areas is attempted but is not developed.
5 to 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. Discuss validity and reliability of diagnosis.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review that addresses various aspects of validity and reliability of diagnosis. Although a discussion of both validity and reliability is required, it does not have to be evenly balanced to gain high marks.

Relevant classification systems in the discussion of validity and reliability of diagnosis include, but are not limited to:

- Diagnostic Statistical Manual (DSM)
- Chinese Classification of Mental Disorders (CCMD)
- International Classification of Diseases (ICD).

Examples of research that could be used include, but are not limited to:

- Nicholls *et al.*'s (2000) studies of inter-rater reliability
- Seeman's (2007) literature review on the reliability of diagnosis
- Wakefield *et al.*'s (2007) study on the validity of diagnosis
- Silverman *et al.*'s (2001) study on test-retest of anxiety symptoms and diagnosis
- Rosenhan's studies of diagnostic validity.

If a candidate discusses only validity or only reliability, the response should be awarded up to a maximum of **[3]** for criterion B: knowledge and understanding. All remaining criteria should be awarded marks according to the markbands independently, and could achieve up to full marks.

2. Discuss prevalence rates of **one or more** disorders.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of prevalence rates of one or more disorders.

The disorder(s) chosen are likely to come from those presented in the guide:

- anxiety disorders
- depressive disorders
- obsessive compulsive disorders
- trauma and stress-related disorders
- eating disorders.

Examples of studies investigating prevalence of specific disorders could include but are not limited to:

- Makino *et al.*'s (2004) study regarding prevalence of eating disorders in western and non-western countries
- Weisman *et al.*'s (1995) study regarding cross-cultural variation in data on depression rates
- Marsella *et al.*'s (2002) study of depression rates
- Dutton's (2009) study of cultural variation in prevalence of major depression
- Sartorius *et al.*'s (1983) study regarding cultural differences in the stigma associated with mental health problems
- Nolen-Hoeksema's (2001) study of gender rates in depression
- Kessler *et al.*'s (1993) study of gender and likelihood of seeking medical help
- Piccinelli and Wilkinson's (2000) study of gender differences in depression
- Brown and Harris's (1977) study of factors affecting vulnerability to depression.

Discussion points may include, but are not limited to:

- age and gender differences
- lifestyle (diet, exercise, presence of physical or psychological abuse, relationships, sleep, practising meditation)
- sociocultural context
- social and cultural norms
- availability of mental health treatment
- socioeconomic status.

3. Discuss 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 “discuss” requires candidates to offer a considered review of the role of culture in the treatment of one or more disorders.

The disorder(s) chosen are likely to be from those presented in the guide:

- anxiety disorders
- depressive disorders
- obsessive compulsive disorders
- trauma and stress-related disorders
- eating disorders.

Relevant studies may include but are not limited to:

- Castillo’s (1997) study on a client centred approach 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 psychological treatment of post-traumatic stress disorder (PTSD) in adult refugees
- Sharen and Sundar’s (2015) study on eating disorders in women.

Discussion points related to culture and treatment may include but are not limited to:

- culture-bound disorders
- accessibility of treatment
- interpretation of the symptoms
- cultural norms
- different approaches to treatment
- cultural acceptance of treatment.

If the candidate addresses disorders in general, rather than specific disorder(s), award up to a maximum of **[4]** for criterion B: knowledge and understanding.

Developmental psychology

4. Contrast **two** theories of cognitive development.

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 theories of cognitive development.

Theories may include, but are not limited to:

- Piaget’s (1936) theory of cognitive development
- Vygotsky’s (1978) theory of sociocultural cognition
- Bruner’s (1956) theory suggesting that thinking is the result of cognitive development
- the information-processing approach to cognitive development
- neurobiological explanations
- Kohlberg’s (1958) theory of levels of moral development.

Contrasting points may include, but are not limited to:

- cultural contexts
- gender differences and considerations
- strengths and limits of the theories
- empirical support and criticism of the theories
- application of the theories.

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 markbands independently, and could achieve up to full marks.

If the candidate chooses a theory that is not specific to cognitive development (eg Bowlby, Erikson), award up to a maximum of **[4]** for criterion B: knowledge and understanding.

5. Discuss the role of peers and/or play in development.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires the candidate to offer a considered review of the role of peers and/or play in development.

Relevant studies may include but are not limited to:

- Fagot’s (1985) study on gender-specific toys and play
- Hughes’s (1999) study on learning social skills through role play
- Todd *et al.*’s (2016) study on preferences for gender-type toys
- Russ’s (2004) study of a child’s capacity for cognitive flexibility and creativity developed by role play
- Bradley’s (1985) study on social cognitive development and toys
- Bradbard *et al.*’s (1986) study of the influence of sex stereotypes on children’s exploration and memory
- Albert *et al.*’s (2013) study on peer influences in adolescent decision-making.

Topics for discussion may include, but are not limited to:

- gender specific toys and clothing in gender identity development
- the role of toys in cognitive development
- the role of peers in modelling behaviours
- the role of peers and play in gender role development
- the role of peers and play in cognitive development
- research into types of play and the effect on social development
- the role of play in learning about co-operation and competition.

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

6. Discuss the role of attachment in development.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of the role of attachment in development. Candidates may address the role of attachment in childhood and/or in any later stage of life.

Relevant research may include, but is not limited to:

- Bowlby’s research (various dates) on how maternal deprivation can affect an individual
- Ainsworth *et al.*’s (1978) studies showing how different types of attachment influence a child’s attachment pattern
- Van Ijzendoorn and Kroonenberg’s (1988) study on how cross-cultural patterns of attachment influence development
- Pratt and Norris (1994) – positive attachment in early relationships leads to positive reports on current social relationships
- Hazan and Shaver (1987) – similarities between romantic love as experienced by adults and the characteristics of attachment
- Rossi and Rossi (1990) – people who grew up in cohesive families tended to establish positive relationships with their own partners
- Sternberg and Beall (1991) – many adults find that their relationships vary: with one partner, they experience an insecure bond, but with the next a secure one.

Discussion may include, but is not limited to:

- cultural considerations
- the role of deprivation in attachment
- short-term versus long-term effects in attachment
- the type of bond can vary with different partners
- methodological considerations of the supporting studies.

Responses referring to research with animals, such as Harlow’s studies with rhesus monkeys, are relevant but must be linked to attachment in humans. Responses that do not explicitly make any link to human behaviour should be awarded up to a maximum of **[2]** for criterion D: critical thinking. All remaining criteria should be awarded marks according to the markbands independently, and could achieve up to full marks.

Health psychology

7. To what extent do dispositional factors and/or health beliefs affect health?

Refer to the paper 2 assessment criteria when awarding marks.

The command term “to what extent” requires candidates to consider the influence that dispositional factors and/or health beliefs have on health.

The topics related to health are likely to come from one of the following (from the psychology guide):

- stress
- obesity
- addiction
- chronic pain
- sexual health.

Relevant research may include, but is not limited to:

- Reed’s (1999) study relating to pessimism and HIV-related symptoms
- Kearney *et al.*’s (2006) study of stress and the immune system
- Weinberger *et al.*’s (1981) study on health beliefs and smoking behaviour
- Polivy’s (2001) false hope theory regarding dietary goals and optimism
- Gatchel’s (2017) study on fear avoidance belief and chronic pain
- Chapin’s (2010) study on the role of optimistic bias in adolescent risky sexual practices
- Festinger’s theory of cognitive dissonance in relation to health-related behaviour
- optimism bias in relation to health behaviour.

It is appropriate and useful for candidates to address other relevant factors in order to respond to the command term “to what extent”.

Candidates could choose to discuss the extent to which dispositional factors or health beliefs affect one, or more than one health-related phenomena. Both approaches are equally acceptable.

Candidates may address a small number of factors and/or health beliefs in order to demonstrate depth of knowledge, or may address a larger number of factors and/or health beliefs in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

8. Evaluate **one or more** studies related to explanations of **one or more** health problems.

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 related to explanations of one or more health problems by weighing up the strengths and limitations. The focus of the evaluation should be upon the study/studies, not the explanation of health problems. Although both strengths and limitations should be addressed, this does not have to be evenly balanced.

The health problems are likely to come from the list in the psychology guide, namely:

- stress
- obesity
- addiction
- chronic pain
- sexual health.

Relevant studies include, but are not limited to:

- Sohl and Moyer’s (2007) study on the effectiveness of the Health Belief Model
- Dunn *et al.*’s (2011) study on the effectiveness of the theory of planned behaviour.

Evaluation may include, but is not limited to:

- methodological, cultural, and gender considerations
- contrary and supporting findings
- applications of the research study
- ethical concerns regarding the study
- validity and reliability of the study.

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 markbands independently, and could achieve up to full marks.

In questions that ask for evaluation of studies, marks awarded for criterion B should refer to definitions of terms, theories and concepts. Overall, this includes 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 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.

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

9. Discuss **one or more** ethical considerations related to promoting health.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires the candidate to offer a considered review of ethical considerations related to promoting health.

Relevant ethical considerations discussed may include, but are not limited to:

- cultural factors affecting health promotion
- the accuracy and validity of the research used to develop health promotion such as “Fear-arousal factors” that are designed to scare people into healthy behaviours
- deception.

Relevant studies include, but are not limited to:

- McNeely *et al.*'s (2002) study on promoting school connectedness and adolescent health
- Job's (1988) study on effective and ineffective use of fear in health promotion programmes
- Ruiter *et al.*'s (2014) review of research on fear appeal in promoting health
- Carter *et al.*'s (2011) study on evidence, ethics and values in promoting health
- Wallace and Forman's (1998) study on religion's role in promoting health among American youths.

Psychology of human relationships

10. To what extent does the sociocultural approach contribute to the understanding of personal relationships?

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 to the understanding of personal relationships.

Relevant factors which may be addressed include, but are not limited to:

- gender and cultural norms (for example, the role that culture plays in the formation and maintenance of relationships, violence, or perception of attractiveness)
- proximity
- similarity
- reciprocity
- modelling
- social identity.

Relevant studies may include, but are not limited to:

- Buss *et al.*'s (1990) study of cultural factors in attraction
- Newcomb's (1961) field study of attitudes, similarity and liking
- Markey and Markey's (2007) study on romantic ideals, romantic obtainment and relationship experience.

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

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

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

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

- competition
- perceived injustice
- misperception.

Relevant factors related to 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 Subido methodology.

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

- Realistic Group Conflict Theory (RGCT)
- in-group identity model
- dual concern model
- Deutsch’s theory of co-operation and competition
- Sherif’s (1966) field experiment on competition in groups
- Chambers and De Dreu’s (2014) study on egocentrism and misunderstanding
- Sternberg and Dobson’s (1987) study on resolution of interpersonal conflicts
- Sternberg and Soriano’s (1984) study on styles of conflict resolution.

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 in order to demonstrate depth of knowledge, or may consider a larger number of origins in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

12. Evaluate **one or more** studies related to promoting prosocial behaviour.

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 one or more studies related to promoting prosocial behaviour. Although both strengths and limitations should be addressed, it does not have to be evenly balanced.

The concept of promoting prosocial behaviour refers to any method that develops prosocial behavior (i.e., Subido Methodology) or a more general application of a model investigating factors investigating prosocial behavior (i.e., Social Cognitive Theory suggesting the use of TV or video games).

Relevant studies related to promoting prosocial behavior may include, but are not limited to:

- Luiselli *et al.*'s (2005) study evaluating the effectiveness of positive behavioral interventions and supports
- Elliott *et al.*'s (1999) study on the effects of the Responsive Classroom programme on students in elementary school
- Kleemans *et al.* (2015) study on the impact of prosocial television news on children's prosocial behaviour in the Netherlands
- Flook *et al.*'s (2015) study on promoting prosocial behaviour in schoolchildren using mindfulness
- Layous *et al.*'s (2012) study on prompting prosocial behaviour in pre-adolescents
- Pollock's (2014) field study done in Rwanda, concerning Subido methodology.

Evaluation may include, but is not limited to:

- validity/reliability of the study/studies
- supporting and/or contradictory studies
- productivity of the study in generating further research
- cultural and gender considerations
- application of the research.

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 markbands independently, and could achieve up to full marks.

In questions that ask for evaluation of studies, marks awarded for criterion B should refer to definitions of terms, theories and concepts. Overall, this includes 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 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. Criterion D assesses how well the student is explaining strengths and limitations of the study/studies.
