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MARKSCHEME

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PSYCHOLOGY

Higher Level and Standard Level

Paper 2

18 pages

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Paper 2 assessment criteria

A — Knowledge and comprehension

Marks	Level descriptor
0	The answer does not reach a standard described by the descriptors below.
1 to 3	The answer demonstrates limited knowledge and understanding that is of marginal relevance to the question. Little or no psychological research is used in the response.
4 to 6	The answer demonstrates limited knowledge and understanding relevant to the question or uses relevant psychological research to limited effect in the response.
7 to 9	The answer demonstrates detailed, accurate knowledge and understanding relevant to the question, and uses relevant psychological research effectively in support of the response.

B — Evidence of critical thinking: application, analysis, synthesis, evaluation

Marks	Level descriptor
0	The answer does not reach a standard described by the descriptors below.
1 to 3	The answer goes beyond description but evidence of critical thinking is not linked to the requirements of the question.
4 to 6	The answer offers appropriate but limited evidence of critical thinking or offers evidence of critical thinking that is only implicitly linked to the requirements of the question.
7 to 9	The answer integrates relevant and explicit evidence of critical thinking in response to the question.

C — Organization

Marks	Level descriptor
0	The answer does not reach a standard described by the descriptors below.
1 to 2	The answer is organized or focused on the question. However, this is not sustained throughout the response.
3 to 4	The answer is well organized, well developed and focused on the question.

Abnormal psychology

1. Discuss how biological *and* sociocultural factors influence *one* anxiety, affective *or* eating disorder.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered and balanced review that includes a range of biological and sociocultural factors influencing some aspect of one psychological disorder from any of the listed types. Opinions or conclusions should be presented clearly and supported by appropriate evidence. The wording of the question allows candidates to address biological and sociocultural factors that could influence many aspects of one disorder, such as:

- prevalence
- etiology
- diagnosis
- effectiveness of treatment.

While some disorders seem to be primarily biological in origin, others seem to be triggered by sociocultural factors. In most cases, the onset and development of the disorder is a result of complex interactions between biological and/or sociocultural factors.

Factors which could be addressed include, but are not limited to:

- the role of genes, brain damage or brain structural causes, biochemical causes
- family stresses, socio-economic background, seasonal variation, or social pressure for individuals to conform to socially desirable conceptions of body shape which could be responsible for eating disorders
- the argument that psychiatric diagnosis is a social process where the mental state of the patient is assessed by the psychiatrist. The psychiatrist's perception of the patient's mental state is influenced by the values and cultural judgments of the psychiatrist. This is an important criticism of the process of diagnosing.

Candidates may discuss a small number of biological and sociocultural factors in greater depth, or a greater number of biological and sociocultural factors in less depth which demonstrates a breadth of understanding. Both approaches are equally acceptable.

Where candidates have discussed more than one type of disorder, credit should be given only to the first response.

Where candidates have discussed only biological or only cultural factors, apply the markbands up to a maximum of ***[11 marks]***.

No credit should be given when a chosen disorder is not an anxiety, affective or eating disorder (*e.g.* discussions referring to schizophrenia or autism should not be awarded credit in response to this question).

2. Discuss cultural *and* ethical considerations in diagnosis.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered and balanced review that includes both cultural and ethical considerations relevant to diagnosis. Opinions or conclusions should be presented clearly and supported by appropriate evidence.

Discussions could be based around, but are not limited to, the following:
- most concepts of abnormality are a social construction that has evolved over time without prescriptive and clear definitions
- many researchers argue that classificatory systems are culturally biased
- the diagnostic process is greatly influenced by the work of practising professionals, including psychiatrists and psychologists who are usually Western trained professionals.

While there are some universals in diagnosis, some disorders may be culturally relative:
- members of minority groups subjected to dominant cultural norms have suffered from biases that may have led to either minimizing the severity of their symptoms (attributing them to cultural differences) or "over-pathologizing" due to lack of understanding of different cultural norms
- Cooper's research suggests that even within Western cultures, society's expectations may influence the determination of abnormality *e.g.* there may be differential sub-cultural expectations of what constitutes mental health in relation to gender and race.

Responses may refer to arguments that include:
- analysis of contradictory evidence
- different rates of disorders in different cultures or even subcultures, and the increases in diagnosis related to changes in cultural demands (for example, ADHD or eating disorders)
- Rosenhan's discussion of the problem of labelling in diagnosis
- stigmatization
- powerlessness
- lack of consent.

Traditional classification of mental disorders should also be considered ethically problematic: if psychiatrists differ so much in their diagnosis, then the diagnostic system may not be valid.

Candidates may discuss a small number of cultural and ethical considerations in greater depth, or a greater number of cultural and ethical considerations in less depth which demonstrates a breadth of understanding. Both approaches are equally acceptable.

Where candidates have discussed only cultural or only ethical considerations, apply the markbands up to a maximum of ***[11 marks]***.

3. Compare and contrast *one* biomedical and *one* individual approach to treatment.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "compare and contrast" requires candidates to give an account of similarities and differences between two approaches to treatment, referring to both of them throughout. Although a discussion of both similarities and differences is required, it does not have to be evenly balanced to gain high marks.

Expect a range of different approaches to treatment to be offered in response to the question. Candidates could choose to relate approaches to treatment to one specific disorder or offer an account of the two approaches to treatment in general. Both approaches to the question are acceptable. Responses should provide an accurate and well organized account of both approaches to treatment.

Individual treatments could include systematic desensitization, flooding, person-centred therapy. Biomedical approaches could include drug therapy, ECT, or psychosurgery, for example.

Responses could compare:
- the effectiveness of the two approaches to treatment
- how appropriate they are for certain disorders
- cultural, gender, ethical or practical issues.

Possible similarities:
- both approaches to treatment come from a reductionist approach
- both approaches to treatment target specific behaviours and do not take a holistic approach
- both approaches to treatment treat symptoms rather than underlying causes.

Possible differences:
- potentially damaging side-effects or consequences versus minimal ethical considerations
- one approach to treatment is relatively effective and economical for a specific disorder while the other one is time consuming
- one approach to treatment is viewed as gender-specific (*e.g.* it is not acceptable for men in some cultures to discuss their emotional problems).

Where candidates discuss only similarities or only differences, apply the markbands up to a maximum of ***[11 marks]***.

Developmental psychology

4. Examine how social variables may affect cognitive development.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "examine" requires candidates to consider an argument that social factors might affect the cognitive development of an individual. Candidates should uncover how social interaction or the social situation of an individual can impact cognitive development. They may cite development of specific cognitive skills, such as memory, in developing their argument or may speak more generally about cognitive development, as long as social variables are examined.

- Piagetian and information-processing theories assign some role to social influences on cognitive change.
- The social contextual approach focuses specifically on influences.
- Bruner and Vygotsky stress education and social interaction as major influences.
- Social and cognitive realms are inextricably connected; thought is always social, in a sense.
- Adults guide, support, inspire and correct children's problem solving, thus pulling them through the zone of proximal development.
- Hudson, Rogoff and Kurtz's studies suggest that different social-cultural contexts create different memory-relevant learning environments and consequently enhance different skills.
- Family characteristics such as socio-economic status affect verbal interaction, language learning and cognitive development.

Alternative points may include:
- cognitive growth cannot be explained entirely by social variables
- research directed to the biological bases of cognitive development show infant precocity
- some skills are present so early that it is difficult to see how they could be acquired from experience.

Candidates may discuss a small number of social variables in greater depth, or a greater number of social variables in less depth which demonstrates a breadth of understanding. Both approaches are equally acceptable.

5. Define *attachment*.

Discuss how childhood attachment may affect the formation of relationships later in life.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "define" requires candidates to give the precise meaning of the term *attachment*. This statement can be brief and does not require elaboration.

- Ainsworth (1989) defines attachment as an affectional bond that is a relatively long-enduring tie in which the partner is important as a unique individual and is interchangeable with none other.
- The attachment figure represents a safe or secure base for approaching what is unfamiliar, unknown and even threatening. Maccoby (1980): "Attachment is a relatively enduring emotional tie to a specific other person."

The command term "discuss" requires candidates to offer a considered and balanced review of how the formation of attachments in childhood could have an affect on the formation of relationships later in life. Opinions or conclusions should be presented clearly and supported by appropriate evidence.

- Adult Attachment Interviews, where men and women recount stories of early attachment relationships with parents, have been used to assess the kind of working models that adults may hold: secure/autonomous, dismissing, preoccupied, and unresolved.
- Correlational studies have shown that secure, avoidant and resistant attachment styles of infants are positively correlated to romantic relationships.
- The precise linkage between infant attachment and adult relationships has not been definitively resolved.
- Problems in attachment during childhood do not necessarily lead to difficulties in adulthood.
- Methodological limitations of relevant studies may be explored such as the use of self-report questions.

Candidates may discuss specific relationships or discuss relationships in general.

6. Discuss the development of gender roles.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered and balanced review that includes a range of arguments, factors or hypotheses about how and why gender roles develop. Opinions or conclusions should be presented clearly and supported by appropriate evidence.

Gender role is a set of expectations that prescribe how females and males should think, act and feel. Answers could highlight that the development of gender roles is influenced by an interaction of biological, cognitive and social factors.

- Identification theory stems from Freud's view that the Oedipus complex could adequately account for the development of gender role behaviour.
- Social learning theory proposes that gender behaviour is learnt through observation and imitation of social models such as parents, peers, media characters, *etc*. and through the rewards and punishments children experience for gender appropriate and inappropriate behaviour.
- Biosocial theory considers the interaction of social influences such as socialization with biological factors.
- Cognitive theories emphasize the role of cognition in gender development.
- Kohlberg argues that the child considers themselves as male or female around the age of three. Their identification with a particular gender causes imitation of appropriate masculine or feminine behaviour.
- Other studies have found that gender typical behaviours are shown by boys and girls at the age of two or less.

Health psychology

7. Evaluate *two* strategies for coping with stress.

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 two specific strategies for coping with stress. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Evaluation can take many forms and examiners should be flexible.

For example, responses may offer:
- research supporting or refuting the effectiveness of these strategies
- an evaluation of the strategies by presenting possible methodological, ethical or cultural considerations of the research referenced relating to the coping strategy
- a comparison and/or contrast of the two strategies.

There are numerous strategies (including models and techniques) for coping with stress which may be mentioned. Models may include:
- Lazarus and Folkman's model (known as the Transactional Model) which proposes that stress can be reduced by helping stressed people change their perceptions of stressors, providing them with strategies to help them improve their confidence in their ability to do so
- the health realization / innate health model of stress proposes that helping stressed individuals understand the nature of thought, providing them with the ability to recognize when they are having stressful thinking, disengage from it, and focus on positive thoughts, will reduce their stress
- forms of cognitive-behavioural therapies such as stress inoculation training (Meichenbaum)
- social support groups/networks
- mindfulness-based stress reduction strategies.

Candidates may also address ineffective or unhealthy coping strategies:
- drug taking
- alcohol abuse
- smoking
- over-eating
- use of defence mechanisms.

Where candidates have provided one strategy, apply the markbands up to a maximum of ***[11 marks]***.

Where candidates discuss only strengths or only limitations, apply the markbands up to a maximum of ***[11 marks]***.

8. Discuss *two* or more factors related to overeating and the development of obesity.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered and balanced review of factors that relate to overeating and the development of obesity. Opinions or conclusions should be presented clearly and supported by appropriate evidence.

There are many factors implicated in overeating and the development of obesity, primarily centred around the physiological, sociocultural and cognitive explanations, although others may well be referenced.

Physiological factors include:

- genes and genetic predisposition for metabolic rates
- fat cells and appetite regulation (Ogden, 2007).

Sociocultural factors influencing obesity include:

- examining eating behaviour and exercise
- social class
- ethnicity
- lifestyle.

Cognitive factors:

- perception of ideal weight which in turn results in "cognitive restraints" (Crane and Hannibal, 2008)
- false hope syndrome (Polivy, 2001).

Candidates may choose to discuss only two factors in depth or more than two factors with less depth, yet still balanced and considered. Either approach is appropriate.

Where candidates have discussed only one factor, apply the markbands up to a maximum of ***[11 marks]***.

9. Evaluate *one* model or theory of health promotion.

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 the model or theory of health promotion. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks. Candidates need to reference only one model or theory of health promotion but may well cite additional models/theories in their response in order to make an appraisal.

There are a number of health promotion models and theories, including:
- the health belief model (Rosenstock, 1966)
- protection motivation theory (Rogers, 1985)
- stages of change model (Prochaska and DiClemente, 1982)
- the theory of reasoned action (Fishbein and Ajzen, 1975).

Other models or theories of health promotion are equally acceptable, provided that there is adequate psychological support.

Evaluation could be offered in a number of ways, such as:
- comparing the model with another or others
- providing empirical support for the theory
- assessing the effectiveness of the model, for example by its applicability
- considering cultural or gender influences.

Where candidates have provided more than one model/theory, credit should be given only to the first response.

Where candidates discuss only strengths or only limitations, apply the markbands up to a maximum of ***[11 marks]***.

Psychology of human relationships

10. Outline *two* strategies for reducing violence.

To what extent are violence reduction strategies effective?

Refer to the paper 2 assessment criteria when awarding marks.

The command term "outline" requires candidates to give a brief account or summary of two relevant strategies to reduce violence. Great detail is not required and no elaboration is expected.

Strategies for reducing violence may include:
- developing empathy
- cooperation
- developing social skills
- equal status contact.

The command term "to what extent" requires candidates to consider how effective violence reduction strategies are. Opinions and conclusions should be presented clearly and supported with appropriate evidence and sound argument.

Their effectiveness can be addressed in a number of different ways, for example:
- by comparing strategies
- by discussing their strengths and limitations
- considering gender and cultural issues
- outcome studies on violence levels after reduction strategies have been implemented.

Where candidates refer to only one strategy in the whole response, apply the markbands up to a maximum of ***[11 marks]***.

11. Discuss the influence of biological factors on human relationships.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered and balanced review that includes a range of biological factors and their influence on the development, maintenance and/or ending of relationships. Opinions or conclusions should be presented clearly and supported by appropriate evidence.

Responses may refer to a variety of different human relationships, including:
- romantic
- friendship
- familiar
- antagonistic.

Biological factors may include:
- biochemical influence – the role of hormones or pheromones
- brain activity – imaging techniques used to measure brain activity when considering various interpersonal relationships
- evolution – mate selection, jealousy as an evolutionarily advantageous characteristic for females.

Candidates may discuss a small number of biological factors in greater depth, or a greater number of biological factors in less depth which demonstrates a breadth of understanding. Both approaches are equally acceptable.

Candidates may choose to discuss a few types of human relationships in depth or consider the concept of "relationship" more broadly and in less depth.

12. Compare and contrast two theories explaining altruism in humans.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "compare and contrast" requires candidates to give an account of the similarities and differences between two theories of altruism in humans, referring to both of them throughout. Although a discussion of both similarities and differences is required, it does not have to be evenly balanced to gain high marks.

Theories may include, but are not limited to:

Evolutionary theories, such as
- kin selection theory
- reciprocal altruism theory
- mimetic theories.

Psychological theories, such as
- the negative-state relief model
- empathy-altruism theory
- social exchange theory.

Candidates may compare and contrast the broader groups of theories (*e.g.* evolutionary and psychological) or specific theories within or between these groups. Theories or research on altruistic behaviour in non-human animals are not relevant to this question.

Where candidates discuss only similarities or only differences, apply the markbands up to a maximum of ***[11 marks].***

Sport psychology

13. Discuss athlete response to chronic injury.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered and balanced review that includes a range of arguments, factors or hypotheses about an athlete's response to chronic injury. Opinions or conclusions should be presented clearly and supported by appropriate evidence. The question focuses on chronic (*e.g.* overuse, prolonged or lingering) injuries as opposed to acute injuries (such as a sprained ankle).

- Chronic injury to an active athlete is a phenomenon that could bring several kinds of reactions including behavioural responses as well as emotional responses. Athletes who suffer chronic injury may go through a type of prolonged grieving process of several distinct stages, as suggested by Kübler-Ross. This model has been evaluated and criticized for its lack of reliability.
- The cognitive appraisal model proposed by Udry, and others, such as Wiese-Bjornstal, stress that the presence or absence of social support from family, sport club and friends plays a significant role in reaction to the injury.
- Other responses to chronic injury may include adaptation of Kobasa's hardiness principle where the athlete builds up a hardiness absorber or buffer to deal with the injury that occurs.
- Stress inoculation theory (Meichenbaum) asserts that stress is absorbed little by little as the athlete builds up sufficient resistance to deal with future large stresses that may occur.
- Injury could lead to positive outcomes as well. For example, some athletes who can no longer compete move into coaching or advisory roles.

14. Discuss theories relating arousal and anxiety to performance in sport.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered and balanced review that includes a range of arguments, factors or hypotheses of how arousal and anxiety may impact sport performance. Opinions or conclusions should be presented clearly and supported by appropriate evidence.

- Gould *et al.* see anxiety as multidimensional and comprised of three parts – cognitive, physical and behavioural.
- Dunn and Syrotuik suggest that arousal and anxiety arise from a fear of one's own performance, a performance perceived as negative by others, or anticipation of physical injury.
- Candidates may wish to consider how anxiety is interpreted as negative or positive according to the perceptions of the individual at a specific moment in sport.
- Some psychologists have devised sport anxiety scales based on sport theories, *e.g.* Smith. This scale attempts to measure three sub-scales – somatic anxiety, worry and concentration disruption.
- The well known drive theory, based on the earlier work of Hull, has resulted in the inverted U hypothesis that was used primarily to explain arousal-performance links.
- Other approaches consider individual zones of optimal functioning (Hanin) and reversal theory (Kerr).

The Yerkes–Dodson theory, which is widely used by sport psychologists, was based on animal learning research in the early 1900s. The first part of this theory indicates that performance on demanding tasks is at its best when arousal is at an intermediate level. The less well known part of the theory indicates that as the cognitive demands of a task increase, the arousal required decreases.

Candidates may discuss a small number of theories in greater depth, or a greater number of theories in less depth which demonstrates a breadth of understanding. Both approaches are equally acceptable.

15. To what extent does the role of the coach affect team behaviour in sport?

Refer to the paper 2 assessment criteria when awarding marks.

The command term "to what extent" requires candidates to consider the role and effects that a coach has on their team's behaviour. Opinions and conclusions should be presented clearly and supported with appropriate evidence and sound argument. This question focuses on team behaviour, but a discussion of how a coach can change the behaviour of an individual player that in turn affects the whole team is a legitimate approach to answering this question. Candidates should make a clear statement of how the coach can impact team behaviour and/or performance.

- The same coach can and does alter his/her role according to the situation of the team.
- Coaches in some cultures tend to separate themselves into either a laissez-faire or an autocratic style in relation to team behaviour. According to Chase, a coach's own self-efficacy levels have a distinct impact on the athletes' performance.
- Some teams tend to rely too much on their coach as a parent substitute and wait for extrinsic approval of their behaviour and feedback on their efficacy as team players.
- Duda and Pensgaard indicate how coaches can improve their players' intrinsic motivation by providing clear feedback on the way that groups of players practise and put their developing skills into effect.