



MARKSCHEME

May 2012

PSYCHOLOGY

Higher Level and Standard Level

Paper 2

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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 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 and balanced review that addresses various aspects of validity and reliability of diagnosis. Conclusions should be presented clearly and supported by appropriate evidence. Although a discussion of both validity and reliability is required, it does not have to be evenly balanced to gain high marks.

The terms “validity” and “reliability” need to be consistently and appropriately used throughout the response. Validity is the extent to which the diagnosis is accurate. The key concern is whether diagnostic systems correctly diagnose people who really have particular disorders and do not give a diagnosis to people who do not. In regard to reliability, responses may refer to two types of reliability: inter-rater reliability and test-retest reliability. Inter-rater reliability can be assessed by asking professionals to observe the same person and, using the same classification system, to make a diagnosis. If clinicians make the same decision, the system is reliable. Test-retest reliability indicates whether the same person will receive the same diagnosis if they are assessed more than once by the classification system. Those candidates who refer to a classification system in the discussion of validity and reliability of diagnosis should earn credit.

Examples of research that could be used include:

- studies of inter-rater reliability reveal that some diagnostic categories are more reliable than others, and that diagnosis is more reliable for some types of patients than others (Nicholls et al. 2000).
- Mary Seeman (2007) completed a literature review to examine evidence relating to the reliability of diagnosis over time and found that initial diagnoses of schizophrenia in women, in particular, were susceptible to change as clinicians found out more information about their patients. This research indicates a problem of test-retest reliability with schizophrenia.
- Wakefield *et al.* (2007) conducted a study that suggested that many life events (e.g. death of loved one, divorce, loss of job) can account for the appearance of some symptoms of depression, but do not meet the criteria for clinical depression. This study addresses the validity of diagnosis.

In practice, professional diagnoses can be influenced by biases and subjective viewpoints of the diagnostician.

If a candidate discusses only validity or only reliability, apply the markbands up to a maximum of **[11 marks]**.

2. Evaluate the use of group approaches to treatment of *one* anxiety, affective or eating disorder.

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 using group approaches to treatment of one anxiety, affective or eating disorder, *i.e.* whether a specific group approach is appropriate and effective. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Approaches to treatment may include, but are not limited to, encounter group therapy, family therapy and cognitive-behavioural therapy.

Many people seeking help prefer a group approach to treatment over an individual approach to treatment, largely because of the comfort derived from knowing that others share their problems. Responses may evaluate group approaches to treatment/therapy making reference to:

- appropriateness of therapy/treatment for a specific disorder and effectiveness of treatment
- discussion of supporting/challenging empirical research and findings.

The major focus of the response should be on an evaluation of group approaches, rather than a descriptive overview of treatments. Evaluation should also focus on the use of group approaches to treatment for a specific disorder, not just group approaches in general. Evaluation may include strengths and limitations of the selected research. Legitimate evaluation may refer to methodological, cross-cultural, gender and ethical considerations.

Candidates may evaluate a smaller number of group approaches in order to demonstrate depth of knowledge, or may evaluate a larger number of group approaches in order to demonstrate breadth of knowledge. Both approaches are equally acceptable. Marks should be awarded based on the quality of the evaluation presented.

If a candidate evaluates the use of group approaches in relation to more than one anxiety, affective or eating disorder, credit should be given only to the evaluation of the first disorder.

If a candidate evaluates the use of group approaches to treatment in relation to schizophrenia, no marks should be awarded.

If a candidate discusses only strengths or only limitations, the response should be awarded up to a maximum of **[5 marks]** for criterion B, critical thinking, and up to a maximum of **[2 marks]** for criterion C, organization. Up to full marks may be awarded for criterion A, knowledge and comprehension.

3. Examine how one or more biological factor(s) influence either *one* specific anxiety disorder or *one* specific eating disorder.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “examine” requires candidates to consider the influence of biological factors in ways that uncover the relationship between the chosen biological factor(s) and the selected disorder.

Responses are likely to refer to biological factors, such as:

- the role of genes
- brain damage
- biochemical factors (*e.g.* hormones and neurotransmitters).

Support for the role of biological factors in disorders comes from research studies investigating the effectiveness of psychopharmacological treatment. A large and growing range of drugs has been developed to deal with anxiety and eating disorders. Although these drugs are beneficial, it is not clear if they address the root causes of such disorders or simply mask the symptoms.

Cognitive and sociocultural factors may be legitimately considered if they are shown to influence, or be influenced by, biological factors.

Responses that examine biological factors of depression or any mood disorder should not be awarded any marks.

Candidates may examine one biological factor in order to demonstrate depth of knowledge, or may examine more than one biological factor in order to demonstrate breadth of knowledge. Both approaches are equally acceptable. Marks should be awarded based on the quality of the examination presented.

If a candidate examines how one or more biological factor(s) influence one affective disorder or schizophrenia, no marks should be awarded.

If a candidate examines one or more biological factors in relation to more than one specific anxiety disorder and/or one specific eating disorder, credit should be given only to the examination of the first disorder.

Developmental psychology

4. Contrast two examples of psychological research (theories and/or studies) into adolescence.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “contrast” requires candidates to give an account of differences between two theories or studies related to adolescence.

If a candidate chooses to contrast two theories they are not required to include studies to back up their argument.

Relevant content may refer to traditional theories of “Storm and Stress”, such as:

- Anna Freud’s adolescence theory
- Erikson’s identity theory.

Many studies may be contrasted, such as:

- Marcia’s identity studies
- Mead’s anthropological studies
- Rutter’s et al. studies.

Contrasting psychological research in terms of methodology in the research studies should be given credit if there is reference to adolescence.

If a candidate contrasts more than two examples of psychological research, credit should be given only to the contrast of the first two examples.

5. Discuss strategies to build resilience.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered and balanced review, supported by appropriate evidence, of two or more strategies to build resilience.

Responses may define resilience but it is not necessary. Responses could refer to specific programmes to build resilience, such as home visit programmes, parent training, Head Start and after school programmes, as well as more individual approaches.

Issues in relation to resilience programmes could focus on protective and vulnerability factors in the child’s environment, such as:

- characteristics of the families within which the child lives
- characteristics of their physical environment
- characteristics of their social environment.

Individual characteristics could also be focused on, such as:

- capacity to make realistic plans
- self-efficacy
- skills in communication and problem solving
- capacity to manage strong feelings and impulses.

Candidates may discuss a smaller number of strategies in order to demonstrate depth of knowledge, or may discuss a larger number of strategies in order to demonstrate breadth of knowledge. Both approaches are equally acceptable. Marks should be awarded based on the quality of the discussion presented.

6. Discuss psychological research (theories and/or studies) related to the potential effects of deprivation or trauma in childhood on later development.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered and balanced review of psychological research (theories and/or studies) related to the potential effects of deprivation or trauma in childhood on later development. Conclusions should be presented clearly and supported by appropriate evidence.

If candidates discuss two theories they are not required to include studies to back up their argument. Candidates could choose to discuss traditional deterministic theories of deprivation, but an alternative approach could be to focus on research dealing with how resilience and protective factors reduce the impact of deprivation or trauma in childhood. Answers may address biological, cognitive or sociocultural factors in relation to potential effects of deprivation or trauma in childhood on later development.

Potential effects of deprivation may be discussed with reference to research, such as:

- Cyrulnik’s theory of resilience
- Bowlby’s maternal deprivation hypothesis
- Rutter (1981) and Rutter *et al.* (2001)
- Werner (2005).

Credit should be given to any discussion of both topics listed in the question. Candidates may discuss one topic in order to demonstrate depth of knowledge, or may discuss both topics in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Candidates may discuss a smaller number of theories and/or studies in order to demonstrate depth of knowledge, or may discuss a larger number of theories and/or studies in order to demonstrate breadth of knowledge. Both approaches are equally acceptable. Marks should be awarded based on the quality of the discussion presented.

Health psychology

7. Outline *two* stressors.

Evaluate *one* strategy for coping with stress.

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 stressors. Additional elaboration is not necessary. Evaluation of a coping strategy requires the candidate to make an appraisal by weighing up the strengths and limitations of the chosen coping strategy. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

The coping strategy evaluated does not have to refer to stressors outlined by the candidate.

Stressors refer to factors that *cause* stress. These could encompass factors such as living in a violent neighbourhood, unemployment, death of a spouse, overwhelming workload, relationship stress or being diagnosed with a disease. Some of these factors have been identified and evaluated in the Holmes and Rahe Scale of life events (1967). However, Robert Sapolsky (2001) argues that humans are special in that the brain can create psychological stress all by itself just by worrying about what might happen. The physiological stress response is the same whether the stressor is real or imagined.

Lazarus defined “coping” as the process of managing stressors in order to return to some sort of normal functioning. This process can involve:

- dealing with the emotional aspects of the stress (emotion-focused coping)
- trying to remove or correct the problem (problem-focused coping).

Coping strategies could include:

- social support
- mindfulness-based stress reduction
- yoga
- hardiness training
- using different drugs to alleviate the stress.

There may be gender and cultural differences in the use of coping strategies, but any relevant coping strategy could be used in the response as long as there is reference to relevant research and evaluation of the chosen coping strategy. Candidates may conclude that a specific coping strategy is not effective, *e.g.* using a drug, and this should be given credit.

If a candidate evaluates more than one strategy, credit should be given only to the evaluation of the first strategy, unless the other strategy or strategies are clearly used to evaluate the main strategy, for example, used in comparison and/or contrast to the main strategy.

If a candidate discusses only strengths or only limitations, the response should be awarded up to a maximum of **[5 marks]** for criterion B, critical thinking, and up to a maximum of **[2 marks]** for criterion C, organization. Up to full marks may be awarded for criterion A, knowledge and comprehension.

8. Discuss *one* prevention strategy for 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 the chosen prevention strategy that includes a range of arguments. Conclusions should be presented clearly and supported by appropriate evidence relevant to the chosen prevention strategy.

Prevention strategies could include health campaigns which aim to change an individual’s lifestyle by targeting healthier eating, more exercise or both. Candidates may refer to WHO or national health campaigns, such as the Eatwell Plate from the UK. Other strategies could include, but are not limited to:

- requiring calorie listing in fast food restaurants
- changing school lunch programmes
- replacing high calorie products with low calorie products in vending machines in schools
- exercise programmes in schools.

Responses could make reference to research (theories and/or studies), which relates to a specific prevention strategy. For example, Huhman *et al.* (2005) conducted a survey to investigate the effectiveness of a campaign to create awareness of the importance of physical exercise for children.

If a candidate discusses more than one prevention strategy, credit should be given only to the discussion of the first prevention strategy, unless the other strategy or strategies are clearly used to evaluate the main strategy, for example, used in comparison and/or contrast to the main strategy.

9. Evaluate *one* treatment for substance abuse or addictive behaviour.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “evaluate” requires candidates to make an appraisal of the strengths and limitations of one treatment for substance abuse or addictive behaviour. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

The response could refer to a treatment for either a specific substance abuse (*e.g.* alcohol, cannabis, ecstasy) *or* addictive behaviour (*e.g.* a substance like tobacco or a behaviour like Internet addiction, sex or gambling). Candidates may choose an alternative approach where they evaluate a treatment with no reference to a specific substance abuse or addictive behaviour. Comparison or contrast with other treatments can be a legitimate approach if it is used to highlight the strengths and limitations of the treatment being evaluated by the candidate.

Referring to eclectic approaches to treatment of substance abuse or addictive behaviour is a legitimate strategy for answering the question, since many treatments now include eclectic approaches.

Treatments related to substance abuse and addictive behaviour include:

- use of antabuse – a drug found to have a positive effect
- use of antabuse in combination with family therapy or CBT
- Alcoholics Anonymous
- nicotine replacement
- nicotine replacement in combination with group therapy.

Credit should be given to any evaluation of both topics listed in the question. Candidates may evaluate one topic in order to demonstrate depth of knowledge, or may evaluate both topics in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

If a candidate evaluates more than one treatment, credit should be given only to the evaluation of the first treatment. However, if a candidate evaluates one treatment and then explains how that treatment can be used *in conjunction* with another treatment, the whole discussion should receive credit.

If a candidate discusses only strengths or only limitations, the response should be awarded up to a maximum of **[5 marks]** for criterion B, critical thinking, and up to a maximum of **[2 marks]** for criterion C, organization. Up to full marks may be awarded for criterion A, knowledge and comprehension.

Psychology of human relationships

10. To what extent do biological factors influence human relationships?

Refer to the paper 2 assessment criteria when awarding marks.

The command term “to what extent” requires candidates to consider the contributions of biological factors in human relationships. Candidates may argue the extent of this influence by also addressing the influence of cognitive and/or sociocultural factors on human relationships. In addition cognitive and or sociocultural factors may be legitimately considered if they are shown to influence, or be influenced by, biological factors. However, answers should be supported with appropriate evidence and sound argument and the conclusion should clearly indicate the extent to which biological factors influence human relationships.

Responses may refer to evolutionary theories as well as physiological factors, such as hormones, neurotransmitters and the result of brain damage or brain disease. Evidence may be provided from any area of the option, for example:

- evolutionary explanations of pro-social behaviour and altruism
- hormonal influence on attraction, violence, trust and bonding
- Capgras’ syndrome.

Candidates may consider a smaller number of biological factors and/or types of human relationships in order to demonstrate depth of knowledge, or may consider a larger number of biological factors and/or types of human relationships in order to demonstrate breadth of knowledge. Both approaches are equally acceptable. Marks should be awarded based on the quality of the consideration presented.

11. Discuss research (theories and/or studies) related to why relationships may change or end.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered and balanced review of research (theories and/or studies), including a range of arguments, as to why relationships may change or end. Conclusions should be presented clearly and supported by appropriate evidence. The major focus of the response should be on a discussion of research, rather than a descriptive overview of the factors that may influence relationships to change or end.

If a candidate discusses two theories, the candidate is not required to include studies to back up their argument.

Theories could include, but are not limited to:

- social exchange theory
- equity theory
- patterns of accommodation
- attachment styles.

Studies could include, but are not limited to:

- Flora and Segrin (2003) on the role of perception of the relationship
- Duck *et al.* (1988) on the role of age differences in couples
- Duck (1992) on the role of socioeconomic differences in couples.

Responses may focus on theories or studies alone, but may also combine theories and studies. Each of these approaches to answering the question are acceptable.

Credit should be given to any discussion of both topics listed in the question. Candidates may discuss one topic in order to demonstrate depth of knowledge, or may discuss both topics in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Candidates may discuss a smaller number of theories and/or studies in order to demonstrate depth of knowledge, or may discuss a larger number of theories and/or studies in order to demonstrate breadth of knowledge. Both approaches are equally acceptable. Marks should be awarded based on the quality of the discussion presented.

12. Evaluate psychological research (theories and/or studies) on factors influencing bystanderism.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “evaluate” requires candidates to make an appraisal of research (theories and/or studies) related to bystanderism by weighing up strengths and limitations of the research. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

In choosing psychological research related to bystanderism, candidates may choose to focus either on research that examines why people become bystanders, or why individuals choose *not* to be bystanders, or a combination of both. If a candidate discusses two theories, the candidate is not required to include studies to back up their argument.

Theories may include, but are not limited to:

- diffusion of responsibility
- pluralistic ignorance
- deindividuation.

Studies may include, but are not limited to:

- Piliavin *et al.* (1969)
- Latané and Darley (1968)
- LeVine’s (1990) cross-cultural study.

The major focus of the response should be on an evaluation of research, rather than a descriptive overview of the factors that influence bystanderism. Evaluation may include strengths and limitations of the selected research, but could also make reference to application. Legitimate evaluation may refer to methodological, cross-cultural, gender and ethical considerations.

Candidates may evaluate a smaller number of theories and/or studies in order to demonstrate depth of knowledge, or may evaluate a larger number of theories and/or studies in order to demonstrate breadth of knowledge. Both approaches are equally acceptable. Marks should be awarded based on the quality of the evaluation presented.

If a candidate discusses only strengths or only limitations, the response should be awarded up to a maximum of **[5 marks]** for criterion B, critical thinking, and up to a maximum of **[2 marks]** for criterion C, organization. Up to full marks may be awarded for criterion A, knowledge and comprehension.

Sport psychology

13. Evaluate psychological research (theories and/or studies) related to goal-setting in the motivation of individuals involved in sport.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “evaluate” requires candidates to make an appraisal of psychological research related to goal-setting in the motivation of individuals by weighing up strengths and limitations of the research. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

If candidates discuss two theories they are not required to include studies to back up their argument.

Candidates could make reference to theories such as:

- achievement goal theory
- self-efficacy
- intrinsic *versus* extrinsic motivation.

Studies related to goal-setting in the motivation of individuals could include, but are not limited to:

- Duda and Hall (2001) related to achievement goals on performance
- Elliot and Dweck (1988) on “ego-orientation”
- Duda *et al.* (1988) on the relationship between goals perspective and perception of success.

Evaluation could include cultural, gender and methodological consideration relevant to the chosen research. The major focus of the response should be on an evaluation of research, rather than a descriptive overview of goal-setting in the motivation of individuals.

Candidates may evaluate a smaller number of theories and/or studies in order to demonstrate depth of knowledge, or may evaluate a larger number of theories and/or studies in order to demonstrate breadth of knowledge. Both approaches are equally acceptable. Marks should be awarded based on the quality of the evaluation presented.

If a candidate discusses only strengths or only limitations, the response should be awarded up to a maximum of **[5 marks]** for criterion B, critical thinking, and up to a maximum of **[2 marks]** for criterion C, organization. Up to full marks may be awarded for criterion A, knowledge and comprehension.

14. Discuss reasons for using drugs 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 or factors as to why people use drugs in sport. Conclusions should be presented clearly and supported by appropriate evidence.

Reasons for using drugs in sport include, but are not limited to:

- improvement of performance
- prolonging career in sport
- more rapid recovery from injury
- stress reduction.

The question is specifically asking about *reasons* for using drugs in sport. Discussion of addiction or drug abuse is not the focus of the question. Candidates may address both illicit and non-illicit use of drugs in sport and this could include blood doping in sport.

Candidates may discuss a smaller number of reasons in order to demonstrate depth of knowledge, or may discuss a larger number of reasons in order to demonstrate breadth of knowledge. Both approaches are equally acceptable. Marks should be awarded based on the quality of the discussion presented.

15. To what extent do cognitive factors influence behaviour in sport?

Refer to the paper 2 assessment criteria when awarding marks.

The command term “to what extent” requires candidates to consider the merits of arguments in relation to how cognitive factors influence behaviour in sport. Candidates may argue the extent of this influence by also addressing the influence of biological and/or sociocultural factors on behaviour in sport. In addition biological and/or sociocultural factors may be legitimately considered if they are shown to influence, or be influenced by, cognitive factors. However, answers should be supported with appropriate evidence and sound argument and the conclusion should clearly indicate the extent to which cognitive factors influence behaviour in sports.

Responses could address individual behaviour or team behaviour in sport. Cognitive factors could include, but are not limited to, theories related to cognitive functioning and various strategies used to build skills and mental strength, such as:

- self-efficacy
- mental toughness
- hardiness
- social identity
- team cohesion
- patterns of attribution
- mental imagery.

Biological and sociocultural factors may be legitimately considered if they are shown to influence, or be influenced by, cognitive factors.

Candidates may consider a smaller number of cognitive factors in order to demonstrate depth of knowledge, or a larger number of cognitive factors in order to demonstrate breadth of knowledge. Both approaches are equally acceptable. Marks should be awarded based on the quality of the consideration.
