

Markscheme

May 2015

Psychology

Higher level and standard level

Paper 2

This markscheme is **confidential** and for the exclusive use of examiners in this examination session.

It is the property of the International Baccalaureate and must not be reproduced or distributed to any other person without the authorization of the IB Assessment Centre.

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 **one** theory or study relevant to the study of abnormal behaviour.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered and balanced review of one theory or study relevant to the study of abnormal behaviour.

Relevant theories or studies may be related to, but are not limited to:

- models of normality
- etiologies of disorders
- cultural or gender considerations in diagnosis
- effectiveness of treatment
- studies of validity and reliability of diagnosis.

Discussion of the theory or study may include, but are not limited to:

- methodological and ethical considerations
- cultural and gender considerations
- the accuracy and clarity of the concepts
- contrary findings or explanations
- the productivity of the theory in generating psychological research
- applications of the findings of the theory or study.

If a candidate discusses more than one theory or study, credit should be given only to the discussion of the first theory or study. However, candidates may address other theories or studies and be awarded marks for this as long as these theories or studies are clearly used to discuss the main theory or study addressed in the response.

2. Discuss **one or more** cultural 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 of cultural considerations relevant to diagnosis.

Discussions may include, but are not limited to:

- how different cultures define abnormality
- classificatory systems may be culturally biased
- difference in prevalence rates across cultures
- changes in culture over time
- symptoms may be culturally determined
- emic versus etic approaches to diagnosis
- culture-bound syndromes
- “over-pathologizing” due to lack of understanding of different cultural norms.

Candidates may discuss one cultural consideration in order to demonstrate depth of knowledge, or may discuss a larger number of cultural considerations in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

The focus of the response must be on cultural considerations in diagnosis. If cultural considerations related to abnormal psychology in general, or treatment of specific disorders, are addressed, the response should be awarded up to a maximum of **[3]** for criterion A, knowledge and understanding, up to a maximum of **[4]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.

3. Contrast the use of biomedical and individual approaches to the treatment of **one** disorder.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “contrast” requires candidates to give an account of the differences between biomedical and individual approaches to the treatment of one disorder.

Expect a range of different approaches to treatment to be offered in response to the question. Individual treatments could include systematic desensitization, cognitive behavioural therapy (CBT) or person-centred therapy. Biomedical approaches could include drug therapy, electroconvulsive therapy (ECT) or psychosurgery, for example. Responses should provide an accurate and well-organized description of both approaches to treatment.

Responses may contrast, but are not limited to:

- the effectiveness of the two approaches to treatment;
- the assumptions about etiology upon which they are based with regard to the disorder;
- cultural, gender, ethical or practical issues related to the implementation of biomedical and individual approaches to the treatment of one disorder.

Responses should be focused on biomedical and individual approaches to treatment of one specific disorder in order to demonstrate detailed knowledge and understanding relevant to the question.

It is acceptable for candidates to refer to an eclectic approach that combines biomedical and individual approaches to treatment of one disorder as part of critical thinking.

If a candidate contrasts the use of biomedical and individual approaches to treatment for more than one disorder, credit should be given only to the part of the response relevant for the first disorder.

If a candidate contrasts the use of biomedical and individual approaches to the treatment with no explicit link to one specific disorder, the response should be awarded up to a maximum of **[4]** for criterion A, knowledge and understanding, up to a maximum of **[5]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.

The focus of the response must be on differences between biomedical and individual approaches to treatment. If only similarities between biomedical and individual approaches to treatment are addressed, the response should be awarded up to a maximum of **[6]** for criterion A, knowledge and understanding, up to a maximum of **[3]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.

If the response contrasts group/biomedical approaches to treatment or group/individual approaches to treatment, the response should be awarded up to a maximum of **[4]** for criterion A, knowledge and understanding, up to a maximum of **[3]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.

Developmental psychology

4. Examine how **one or more** social and/or environmental variables may affect cognitive development.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “examine” requires candidates to uncover the assumptions and interrelationships between social and/or environmental variables and cognitive development. The variables examined do not have to be specifically identified as social or environmental as they are arguably very much related.

Candidates may examine social/environmental variables in relation to specific aspects of cognitive development (for example, memory, intelligence or attention) or examine cognitive development in general. Both approaches are equally acceptable.

Candidates may examine positive influences of social/environmental variables (for example, Head Start programmes or parental training) as well as negative influences (for example, deprivation or trauma) on cognitive development.

Variables may include, but are not limited to:

- interactions with parents, siblings, peers, teachers and other significant figures (for example, Farah *et al.*, 2008)
- social/environmental variables in relation to specific cultures differ in the kinds of cognitive skills that are valued and consequently encouraged and developed (Vygotsky, 1978; Cole and Scribner, 1974)
- children living in poverty are more likely to suffer from learning disabilities and developmental delays (for example, Rutter’s studies; Krugman, 2008)
- malnutrition can influence cognitive development (for example, Bhoomika *et al.*, 2008)
- early nutritional supplements in the form of protein and increased calories can have positive long-term consequences for cognitive development (Pollitt, 1995).

Animal studies may be used to support the answer as long as they are explicitly linked to human cognitive development.

Candidates may examine one variable in order to demonstrate depth of knowledge, or may examine a larger number of variables in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

If a candidate only examines how one or more social and/or environmental variables may affect attachment, the response should be awarded up to a maximum of **[3]** for criterion A, knowledge and understanding, up to a maximum of **[3]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.

5. Examine how attachment in childhood plays a role in the formation of relationships later in life.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “examine” requires candidates to uncover the assumptions and interrelationships between childhood attachment and relationships later in life.

Responses should highlight that research has found several indications of associations between attachment in childhood and relationship development in later life even if there is no clear evidence of direct causality.

Relevant studies may include, but are not limited to:

- Pratt and Norris (1994) showed that, among older people, the more positive their earlier attachment relationships, the more positive their reports on their current social relationships.
- Hazan and Shaver (1987) showed similarities between romantic love as experienced by adults and the characteristics of attachment.
- Sternberg and Beall (1991) pointed out that many adults find that their relationships vary: with one partner, they experience an insecure bond, but with the next a secure one. Similarly, research into infant attachment has shown that a child could be securely attached to one parent, but be anxious towards the other.

Responses referring to research with animals, such as Harlow’s experiments with rhesus monkeys, are relevant but must be linked to attachment in human children and its role in the subsequent formation of relationships.

In order to demonstrate knowledge relevant to the question, responses should focus on the effect of attachment in childhood on later formation of relationships. Descriptions of research on attachment in childhood with no link to subsequent formation of relationships (such as Bowlby or Ainsworth) should be awarded up to a maximum of **[4]** for criterion A, knowledge and understanding, up to a maximum of **[3]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.

6. Evaluate **two** examples of psychological research (theories and/or studies) into adolescence.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “evaluate” requires candidates to make an appraisal of two examples of psychological research into adolescence by weighing up the strengths and the limitations. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Research is defined as including both psychological theories and studies. Candidates can choose any combination, as long as two relevant examples are provided.

Relevant theories may include, but are not limited to:

- Erikson’s identity theory
- Coleman’s focal theory
- Baethge’s cultural theory
- Elkind’s theory of adolescent egocentrism.

Relevant studies may include, but are not limited to:

- Marcia’s identity studies
- Mead’s anthropological studies
- Rutter *et al.*’s studies on the relationships between adolescents and their parents
- Steinberg’s studies on parent-adolescent conflicts
- studies related to teenage brain development.

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

- methodological considerations
- cultural and gender considerations
- contrary findings or explanations
- the productivity of the theory in generating psychological research
- the applications of the theories.

If a candidate evaluates more than two theories or studies, credit should be given only to the first two theories or studies. However, candidates may address other theories or studies and be awarded marks for this as long as these theories or studies are clearly used to evaluate the two main theories or studies addressed in the response.

If a candidate evaluates only one theory or study, the response should be awarded up to a maximum of **[5]** for criterion A, knowledge and comprehension, up to a maximum of **[4]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.

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

Health psychology

7. Explain **two or more** factors related to the development of substance abuse and/or addictive behaviour.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “explain” requires candidates to give a detailed account of factors related to the development of substance abuse and/or addictive behaviour, including reasons or causes.

Candidates do not need to distinguish between factors related to either substance abuse or addictive behaviour.

Relevant factors may include, but are not limited to:

- parental influence (Bauman *et al.*, 1990)
- peer pressure (Unger *et al.*, 2001)
- genetic and biological factors (Heath and Madden, 1995; Overstreet, 2000)
- role of advertising and marketing (Charlton *et al.*, 1997; Chen *et al.*, 2005)
- personality traits (Stein *et al.*, 1987)
- cognitive factors such as expectancies regarding the effects of substances (Brown *et al.*, 1980, Hansen *et al.*, 1991).

Examples of how candidates may show evidence of critical thinking may include, but are not limited to:

- analysis of the methodology and/or ethical considerations
- application of empirical support in relation to a given problem or issue
- using evidence from studies that support or disconfirm a theory, model or concept
- analysis of the interaction between biological, cognitive and cultural factors
- questioning the direction of cause and effect.

Candidates may explain two factors in order to demonstrate depth of knowledge, or may explain a larger number of factors in order to demonstrate breadth of knowledge.

Both approaches are equally acceptable.

If a candidate explains only one factor, the response should be awarded up to a maximum of **[5]** for criterion A, knowledge and comprehension, up to a maximum of **[4]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.

8. Evaluate **two** treatments for overeating and/or obesity.

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 treatments for obesity. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Treatment approaches may include, but are not limited to:

- various forms of diets, including low-carbohydrate and low-fat diets (Geissler and Powers, 2005)
- Cognitive behavioural therapy (CBT): research such as Beck (2005) who found that CBT could help patients to deal with cognitions that lead to obesity.
- drug treatments such as appetite suppressants (Berkowitz *et al.*, 2006) or lipase inhibitors
- surgical procedures such as gastric bypass and gastric banding (Maggard *et al.*, 2005)
- group-based treatments such as Weight Watchers or Overeaters Anonymous (Westphal and Smith, 1996).

Evaluation of the treatments may include, but is not limited to:

- cultural and gender considerations
- empirical findings
- condition under which the treatments may be employed
- comparison to other treatments.

If a candidate evaluates more than two treatments, credit should be given only to the evaluation of the first two treatments. However, candidates may address other treatments and be awarded marks for these as long as these treatments are clearly used to evaluate one or both of the two main treatments addressed in the response.

If a candidate evaluates only one treatment, the response should be awarded up to a maximum of **[5]** for criterion A, knowledge and comprehension, up to a maximum of **[4]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.

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

Responses may discuss preventative strategies for overeating and/or obesity (for example, health promotion strategies) and this approach should be awarded marks if the response indicates how this preventative strategy contributes to treatment for overeating and/or obesity. One example of how this might be approached would be a statement such as: “one strategy is public service announcements advocating exercise and/or healthy eating habits and although it appears to be a preventative strategy it may also serve as a facet of treatment.”

9. Discuss the effectiveness of **one or more** health promotion strategies.

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 effectiveness of one or more health promotion strategies.

There is no explicit reference to a specific area of health promotion within health psychology in this question so candidates may choose any relevant area, for example those studied in the health psychology option such as drug abuse or obesity. However, the response may also include an area not specifically mentioned in the programme, such as practising safe sex to prevent HIV.

Candidates should focus their response on the effectiveness of one or more health promotion strategies. It is appropriate for candidates to address models and theories of health promotion such as the health belief model, stages of change model, theory of reasoned action *etc* in their discussion of a health promotion strategy.

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

- the Victoria (Australia) campaign, “Go for your life” promoting healthy eating and exercise in schools (2004)
- the Florida (US) campaign, “TRUTH” an anti-smoking campaign arranged by and aimed at adolescents (1998–1999)
- the Canadian community-based peer intervention programme to prevent pregnant mothers from drinking alcohol (Carr, 1994)
- social learning theory (for example, the Sabido method to encourage safe sex practices).

Discussion may include, but is not limited to:

- challenges in measuring outcomes of strategies and campaigns
- conditions under which the strategy may be employed
- cultural and ethical considerations
- empirical evidence (for example, experimental research into the use of fear appeals in health messages).

Candidates may discuss the effectiveness of one health promotion strategy in order to demonstrate depth of knowledge, or may discuss the effectiveness of more than one health promotion strategy in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Psychology of human relationships

10. To what extent do **two or more** cognitive 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 merits or otherwise of the argument that (two or more) cognitive factors influence human relationships.

Candidates may address any aspects of the psychology of human relationships option (for example, social responsibility, interpersonal relationships, and/or violence).

Candidates may choose to discuss the extent to which cognitive factors influence one or more aspects of human relationships. Both approaches are equally acceptable.

Relevant factors may include, but are not limited to:

- cognitive dissonance (Batson *et al.*'s (1981) empathy-altruism model of helping behaviour)
- self-esteem (Kiesler and Baral's (1970) study of the role of self-esteem in attraction)
- social learning theory (Bandura 1961, 1963, 1965)
- attribution (Markey and Markey, 2007)
- language/communication (Gottmann, 1977).

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

Candidates may discuss two cognitive factors in order to demonstrate depth of knowledge, or may discuss a larger number of cognitive factors in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

If a candidate discusses only one factor, the response should be awarded up to a maximum of **[5]** for criterion A, knowledge and comprehension, up to a maximum of **[4]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.

11. Using **one or more** research studies, explain cross-cultural differences in prosocial behaviour.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “explain” requires candidates to give a detailed account, including reasons, for cross-cultural differences in prosocial behaviour.

Relevant factors may include, but are not limited to:

- cultural norms
- different socialization processes in an individual’s upbringing
- cultural dimensions (for example, individualism versus collectivism).

Relevant studies may include, but are not limited to:

- Whiting’s (1979) research on the role of extended family
- Bond and Leung’s (1988) research on in-group bias
- Levine’s studies on cultural differences in prosocial behaviour
- Whiting and Whiting’s (1975) research into altruism levels in children from industrialized and non-industrialized countries.

Examples of how candidates may show evidence of critical thinking may include, but are not limited to:

- analysis of the methodology and/or ethical considerations
- application of empirical support in relation to a given problem or issue
- alternative explanations of prosocial behaviour
- addressing the issue of universality (for example, kin selection theory) versus cultural differences.

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

12. Discuss **two** social origins of attraction.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered and balanced review of two different social origins of attraction. Candidates can uncover how social interaction or the social situation of the individual can influence attraction.

Candidates are not required to differentiate between social, environmental, and cultural origins of attraction.

Explanations of the social origins of attraction may include, but are not limited to:

- proximity theory of attraction
- cultural norms
- physical attractiveness
- the mere exposure effect
- social exchange theory
- social identity theory.

Relevant studies may include, but are not limited to:

- Simmons *et al.*'s (1986) study investigating cross-cultural differences in the way romantic love is valued
- Buss's (1994) questionnaires on mate selection from respondents in 37 countries
- Zajonc *et al.*'s (1960s) studies on the mere exposure effect.

Discussion points may include, but are not limited to:

- alternative factors (cognitive and biological)
- supporting evidence
- methodological considerations
- reductionist approach.

If a candidate discusses more than two social origins of attraction, credit should be given only to the discussion of the first two social origins of attraction. However, candidates may address other origins of attraction and be awarded marks for these as long as these factors are clearly used to discuss one or both of the two social origins of attraction addressed in the response.

If a candidate discusses only one social origin of attraction, the response should be awarded up to a maximum of **[5]** for criterion A, knowledge and comprehension, up to a maximum of **[4]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.

Sport psychology

13. Evaluate **one or more** theories of motivation in sport.

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 of motivation in sport. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Relevant theories may include, but are not limited to:

- cognitive-evaluation theory
- achievement goal theory
- self-efficacy theory
- inverted U theory
- McClelland–Atkinson model (MAM).

Candidates could make theories of intrinsic or extrinsic motivation relevant to the question, as well as general motivation theories such as instinctual models, drive models or expectancy theories by directly linking the theories to sport.

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

- methodological considerations
- cultural and gender considerations
- difficulties in defining and measuring motivation
- contrary findings or explanations
- the productivity of the theory in generating psychological research
- the applications of the theories.

Candidates may evaluate one theory in order to demonstrate depth of knowledge, or may evaluate a larger number of theories in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

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

14. Evaluate one or more techniques for skill development used in sport.

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 techniques for skill development used in sport. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Techniques may include, but are not limited to:

- specific imagery for skills
- mental rehearsal of strategies
- imagining positive outcomes
- progressive relaxation techniques
- positive self-talk
- repetition of proper technique.

Evidence for the strengths of these techniques includes:

- studies supporting the efficacy of the techniques
- theories supporting the efficacy of techniques, for example, psychoneuromuscular theory, information-processing model of imagery.

Evidence for the limitations of these techniques includes:

- absence of empirical evidence for the efficacy of some techniques
- empirical research questioning the efficacy of some techniques
- ecological validity of experiments
- anecdotal nature of some evidence
- use of retrospective accounts.

Relevant research may include, but is not limited to:

- Martin *et al.* (1995) on positive self-talk in long-distance running
- Issac (1992) on mental practice in trampoline skill development
- Baroga (1973) on the use of imagery by weightlifters
- Rushall (1970) on mental rehearsal in swimmers.

Candidates may evaluate one technique for skill development in order to demonstrate depth of knowledge, or may evaluate a larger number of techniques for skill development in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

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

15. Discuss **two or more** 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 of why people use drugs in sport.

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 licit and illicit use of drugs in sport. A discussion of blood doping in sport is an appropriate topic for use in a response.

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

- improvement of performance
- prolong a career in sport
- more rapid recovery from injury
- stress reduction
- pain reduction
- increase attractiveness
- peer pressure.

Relevant research includes, but is not limited to:

- Shermer’s (2008) application of game theory (eg prisoner’s dilemma) to drug usage in sport
- Anshel (1998) on the role of social learning theory in drug use in young athletes
- Whitehead *et al.* (1992) on steroid use in US male high school students
- Newman and Newman (1991) on the role of conformity in steroid use by Canadian adolescent athletes.

Candidates may discuss two 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.

If a candidate discusses only one reason, the response should be awarded up to a maximum of **[5]** for criterion A, knowledge and comprehension, up to a maximum of **[4]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.
