



MARKSCHEME

May 2013

PSYCHOLOGY

Higher Level and Standard Level

Paper 2

18 pages

*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. Evaluate the use of eclectic approaches to treatment.

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 the limitations of eclectic approaches to treatment. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Responses may address the phrase “eclectic approaches” in several different ways. Candidates can interpret the phrase “eclectic approaches” as one specific eclectic approach, the eclectic approach in general, or a number of different eclectic approaches. In practice, clinicians have realized that often one type of therapy is not enough. Clinicians claim that using an eclectic approach benefits clients, as the strengths and limitations of each separate approach are recognized and the treatment is tailored to the specific needs of the client. Many examples of eclectic approaches to treatment are available: for example, for severely depressed individuals combining CBT (cognitive behavioural therapy) and drug therapy is a popular choice; Sharp *et al.* (1999) found that in a study of depressed individuals, the most significant treatment gains were seen with a combination of CBT and drug therapy.

Responses may offer the following strengths for eclectic approaches:

- have a broader theoretical base
- provide greater flexibility in treatment
- provide more effective treatment
- lower relapse rates.

Responses may offer the following limitations for eclectic approaches:

- too complex for one clinician to manage
- difficult to study and empirically test its effectiveness.

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.

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

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 include, but are not limited to, cultural considerations such as:

- most concepts of abnormality are a social construction that have 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.
- 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 *et al.*'s (1972) research on differences in diagnosis within Western cultures.

Responses may refer to arguments that include, but are not limited to:

- analysis of contradictory evidence
- different rates of disorders in different cultures or even subcultures
- increase in diagnoses related to changes in cultural demands (for example, ADHD or eating disorders).

Discussion of ethical considerations could include, but are not limited to the following issues:

- if psychiatrists differ so much in their diagnoses, diagnostic systems may not be reliable or valid
- biases (for example, gender and ethnic) in diagnosis
- problem of “labelling”/stigmatization in diagnosis
- powerlessness of the patients and depersonalization
- lack of consent.

Responses may refer to research studies relevant to ethical considerations which could include, but are not limited to:

- Rosenhan's (1973) studies and related discussions on the problem of labelling in diagnosis
- Jenkins-Hall and Sacco's (1991) study on ethnicity bias in diagnosis
- Broverman *et al.*'s (1970) study on gender bias in diagnosis.

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

Although both cultural and ethical considerations in diagnosis must be addressed, candidates do not need to explicitly distinguish between them in their responses, as sometimes they are interrelated.

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

3. Discuss gender variations in the prevalence of disorders.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered and balanced review of gender variations in the prevalence of disorders. Opinions or conclusions should be presented clearly and supported by appropriate evidence.

Candidates may take a general approach or may address specific disorders in response to this question. Both approaches are equally acceptable.

Responses may include, but are not limited to, research indicating varying prevalence rates of psychological disorders between genders, such as:

- the effect of estrogen on the hypothalamic-pituitary-adrenal axis (HPA) in response to stress
- vulnerability models/life stressors (Brown and Harris, 1978)
- bias in diagnosis
- gender norms
- cognitive styles (Nolen-Hoeksema, 1994).

Candidates may discuss a smaller number of gender variations in order to demonstrate depth of knowledge, or may discuss a larger number of gender variations in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Developmental psychology

4. Discuss *one* theory of cognitive 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 one theory of cognitive development that includes a range of arguments and factors. Conclusions should be presented clearly and supported by appropriate evidence.

Responses may include, but are not limited to:

- Piaget’s theory of cognitive development
- Kohlberg’s cognitive theory of moral development
- Vygotsky’s sociocultural theory of cognitive development
- Information processing approach to cognitive development
- Biological explanations of cognitive development.

A discussion of attachment theory or other theories that are not cognitive in nature should not be awarded marks.

If a candidate discusses more than one theory of cognitive development, credit should be given only to the first discussion, unless the other theory or theories are clearly used to evaluate the main theory, for example, used to illustrate the strengths and/or limitations of the main theory.

5. To what extent does attachment in childhood play a role in the subsequent formation of 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 assumption that the quality of early attachment influences later relationships. Conclusions should be presented clearly and supported with appropriate evidence and sound argument.

On one hand, research has found several indications of associations between early family experiences and relationship development in adult life, for example:

- Rossi and Rossi (1990) showed that people who grew up in happy, cohesive families tended to establish positive relationships with their own partners, and to internalize high levels of commitment to both domestic and civic involvement.
- 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 in childhood.

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

On the other hand, the precise linkage between infant attachment and adult relationships remains a mystery, for example:

- Research into infant attachment has shown that an individual’s attachment style may differ towards different people. For example, a child could be securely attached to one parent, but be anxious towards the other.
- Similarly, 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.
- Also, there are methodological limitations in research investigating adult attachment styles, including demand characteristics and the use of self-report questionnaires which depend on subjective memories of childhood.

Responses should focus on the effect of attachment in childhood on later formation of relationships in order to demonstrate knowledge relevant to the question. Descriptions of Bowlby’s or Ainsworth’s research on attachment in childhood with no explicit link to subsequent formation of relationships are of marginal relevance and should be awarded marks in the lower markbands.

In order to earn high marks, answers should consider both sides of the argument: there is evidence of a relationship between the quality of early attachment and other aspects of social development but there is no clear evidence of direct causality.

6. Discuss how sociocultural factors influence the formation and 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 of how sociocultural factors may influence the formation and development of gender roles. Opinions or conclusions should be presented clearly and supported by appropriate evidence.

Responses could include, but are not limited to, sociocultural factors such as:

- Division of labour: in some cultures, males are socialized to work in the public sphere, females in the private world of home while working roles assumed by males and females in other countries are more egalitarian.
- Parenting behaviour: in many cultural groups, the gender roles are clearly established by tradition while modernized societies challenge traditional gender roles.
- Domestic work: the pattern of male-female differences in domestic labour appears to vary greatly among countries. For example, in Wright and Baxter’s (1995) study, Swedish men were involved in housework more than American men.
- Bandura’s social learning theory: gender typing is a result of modelling, imitation and internalization of socially transmitted gender roles.
- Gender schema theory: children internalize gender schemas about what is considered appropriate for a boy or a girl on the basis of what a particular culture dictates.

Relevant studies and/or theories may include, but are not limited to:

- Mead (1935) on gender role differences in three New Guinean tribes
- Eagly (1987) on social role theory
- Engle and Breaux (1994) on the participation of fathers in parenting
- social learning theory.

Although the main focus of the response should be on sociocultural factors, a balanced review could include reference to other explanations of the formation and development of gender roles:

- Biological and evolutionary explanations: gender roles have been linked to biological differences (for example, hormones) and evolution (for example, selection for different roles).
- Psychodynamic theory: gender roles appear when children identify with their same-sex parent.

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

Health psychology

7. Discuss one or more strategies used for coping with stress.

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 or more strategies for coping with stress. Opinions or conclusions should be presented clearly and supported by appropriate evidence.

Appropriate strategies for coping with stress may include but are not limited to:

- stress inoculation training
- yoga
- meditation
- problem-focused coping
- emotion-focused coping
- mindfulness-based stress reduction
- social support (for example, online support offered by individuals or by groups set up specifically to help cope with stress)
- avoidant coping strategies that lead people into activities (for example, use of drugs or alcohol) or mental states (such as withdrawal) that keep them from directly addressing stressful events.

Relevant studies and/or theories may include but are not limited to:

- Steptoe *et al.* (1996) on the effect of vigorous exercise
- Neuling and Winefield’s (1988) longitudinal study on the role of social support in a group of female patients
- Shapiro *et al.* (1998) – MBSR and coping with exam stress
- Lazarus and Folkman’s (1984) transaction model of stress and coping
- Taylor’s (2002) – tend and befriend theory of coping.

An explanation may add that differentiating between these ways of coping is not clear-cut and they may overlap during the coping process.

Although this question does not call for evaluation, credit should be given for comments that seek to question the effectiveness of this coping strategy as part of the discussion offered.

If responses refer to negative coping strategies (for example, use of drugs/alcohol or withdrawal) that keep people from directly addressing stressful events it should receive credit as part of a balanced discussion.

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

8. Evaluate *two* treatments 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 by weighing up the strengths and limitations for two treatments for 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 terms “substance abuse” and “addictive behaviour” are used interchangeably in the guide. Examiners should make no distinction between the terms.

Candidates may evaluate two treatments for one substance abuse/addictive behaviour, or two treatments for two distinct substance abuse/addictive behaviours.

The response could refer to treatments for either a specific substance abuse (for example, alcohol, cannabis, ecstasy) or addictive behaviour (for example, a substance like tobacco or a behaviour such as internet addiction, sex or gambling). Candidates may choose an alternative approach where they evaluate treatments with no reference to a specific substance abuse or addictive behaviour.

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 include, but are not limited to:

- 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.

If a candidate evaluates more than two treatments, credit should be given only to the first two evaluations, unless the other treatment or treatments are clearly used to evaluate the main treatments, for example, used to illustrate their strengths and/or limitations.

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

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.

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 one 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.

Responses may include, but are not limited to:

- the health belief model (HBM)
- the stages of change model
- cognitive dissonance.

If a candidate evaluates more than one model or theory of health promotion, credit should be given only to the evaluation of the first model or theory, unless the other model/theory or models/theories are clearly used to evaluate the main model or theory, for example, used to illustrate the strengths and/or limitations of the main model or theory.

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. Discuss the role of communication in maintaining relationships.

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 role of communication in maintaining relationships. Opinions or conclusions should be presented clearly and supported by appropriate evidence.

Responses may include, but are not limited to, the following aspects of communication:

- content of communication (ratio between positive and negative communication)
- communication patterns tend to differ across marital types (interdependent, independent and separate)
- amount of communication
- self-disclosure.

Additional points of discussion may include, but are not limited to:

- cultural biases
- difficulties of carrying out research on communication styles
- ethical concerns when conducting research.

Relevant studies and/or theories may include, but are not limited to:

- gender-based communication styles (Tannen, 1990)
- the importance of self-disclosure (Altman and Taylor’s social penetration theory)
- the role of micro-expressions (Gottman and Levinson, 1986).

Candidates should not simply describe theories or studies, but show how they help us to better understand the role of communication in maintaining relationships.

11. Evaluate *two* theories explaining altruism in humans.

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

Animal research may be used as long as a clear link is made to human behaviour.

Responses may refer to biological and/or psychological theories of altruism including, but not limited to:

- Dawkins’ selfish gene theory
- Kin selection theory
- Trivers’ reciprocal altruism theory
- Cialdini’s negative-state relief model
- Batson’s empathy-altruism model.

If a candidate evaluates more than two theories of altruism, credit should be given only to the first two evaluations, unless the other theory or theories are clearly used to evaluate the two main theories, for example, used to illustrate the strengths and/or limitations of the two main theories.

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

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.

12. Discuss sociocultural explanations of the origins of violence.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered and balanced review of sociocultural explanations of the origins of violence. Opinions or conclusions should be presented clearly and supported by appropriate evidence.

Responses may include, but are not limited to:

- social identity theory
- social learning theory
- negative social schemas (Bradshaw, 2004)
- subculture of violence theory
- Totten *et al.*'s (2003) study on males' use of violence towards their girlfriends as part of creating their male identity.

Although the main focus of the response should be on sociocultural explanations, cognitive and biological explanations are acceptable as part of a balanced discussion.

Candidates may discuss a smaller number of sociocultural explanations of the origins of violence in order to demonstrate depth of knowledge, or may discuss a larger number of sociocultural explanations of the origins of violence in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Sport psychology

13. Evaluate *two* 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 two 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:

- empirical research supporting the efficacy of the techniques for example, experiments, surveys, interviews
- theories supporting the efficacy of techniques, for example, psychoneuromuscular theory, mirror neurons, information-processing model of imagery.

Evidence for the limitations of these techniques includes:

- absence of empirical evidence for the efficacy of some of these techniques
- empirical research questioning the efficacy of some of these techniques
- ecological validity of experiments
- anecdotal nature of some evidence
- use of retrospective accounts
- incorrect use of techniques, for example, negative imagery, negative self-talk.

If a candidate evaluates more than two techniques, credit should be given only to the first two evaluations, unless the other technique or techniques are clearly used to evaluate the two main techniques, for example, used to illustrate the strengths and/or limitations of the two main techniques.

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

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 athlete response to stress.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered and balanced review of athlete response to stress. Opinions or conclusions should be presented clearly and supported by appropriate evidence.

Examples of athlete response to stress may include, but are not limited to:

- higher risk of injury / slower recovery from injury
- slowed reaction time / loss of coordination
- use of substances to reduce anxiety
- use of performance-enhancing drugs
- burnout
- disruption of attention/concentration
- stress inoculation / cognitive appraisal / relaxation techniques
- responses based on personality factors such as optimism/pessimism, locus of control, mental toughness
- social evaluation.

Candidates could discuss biological, cognitive/affective, and social aspects of responses to stress. All of these approaches are equally acceptable.

Candidates may discuss one athlete response to stress in order to demonstrate depth of knowledge, or may discuss several responses to stress in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

15. Discuss effects of drug use 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 effects of drug use in sport. Opinions or conclusions should be presented clearly and supported by appropriate evidence.

Effects of drug use may include, but are not limited to:

- feminization of male athletes, for example, breast enlargement, decrease in sexual function, reduced sperm count, *etc*
- masculinization of female athletes, for example, facial hair growth, breast reduction, deepened voice, *etc*
- weight gain
- liver/kidney damage
- increased risk of heart damage/stroke
- weakened tendons
- mood swings, including “roid rage” (as a result of steroid use)
- addiction and withdrawal symptoms
- the masking of pain, leading to greater injury.

Candidates may discuss a smaller number of effects in order to demonstrate depth of knowledge or may discuss a larger number of effects in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.
