



MARKSCHEME

November 2013

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 concepts of abnormality.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered and balanced review of concepts of abnormality that includes a range of arguments and factors.

Candidates may refer to the concept of normality in order to clarify their discussion of abnormality and this approach is appropriate.

Responses may include, but are not limited to:

- statistical deviance
- dysfunctional behaviour
- deviance from social norms
- mental health criterion
- medical model and classificatory systems
- etic versus emic definitions of abnormality.

Candidates could discuss concepts of abnormality by:

- referring to the validity of explanations for abnormality
- providing support from empirical studies
- addressing usefulness of concepts
- addressing cultural bias
- addressing ethical considerations, for example, stigmatization.

Candidates may discuss a smaller number of approaches to the understanding of concepts of abnormality in order to demonstrate depth of knowledge, or may discuss a larger number of approaches to the understanding of concepts of abnormality in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

2. Discuss 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 of ethical considerations in diagnosis that includes a range of arguments, factors or hypotheses.

Ethical considerations may include, but are not limited to:

- consequences of an incorrect diagnosis on treatment and the health of the client (self-fulfilling prophecies)
- effects of labelling
- the possibility of stigmatization once a client is diagnosed
- confidentiality of diagnosis
- over-diagnosis of certain disorders (for example, in relation to gender and culture)
- potential bias in diagnosis by the doctor.

Candidates may refer to ethical considerations related to treatment, institutionalization, cultural/gender or other issues, and these should be credited if they are explicitly linked to diagnosis.

A discussion of positive ethical considerations is also a legitimate approach to the question and should earn marks, for example an accurate diagnosis can result in quick and effective treatment.

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

3. Contrast *two* 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 two approaches to the treatment of one disorder.

Candidates should refer to two different approaches to the treatment of one disorder. Candidates may address biomedical, individual, and/or group approaches to treatment, for example, a candidate may contrast one biomedical treatment with one individual treatment, or alternatively contrast two biomedical treatments. Consideration of an eclectic approach is an appropriate response to this question, but it can only be counted as one approach. If candidates discuss an eclectic approach, they still have to contrast this approach with another one, for example, individual or biomedical.

Candidates may address approaches to treatment of a general disorder (for example, an eating disorder) or a more specific type of disorder (for example, anorexia/bulimia). Both approaches are equally acceptable.

Candidates may address two broad approaches to treatment of one disorder (for example, cognitive versus biological) or two specific treatments of one disorder (for example, CBT versus Prozac). Both approaches are equally acceptable.

Responses may include, but are not limited to:

- the role of the therapist
- the efficacy of the treatment
- cultural and gender considerations
- ethical considerations
- cost in time and money
- strengths and limitations of the approaches to treatment
- etiological assumptions influencing the treatment.

If a candidate contrasts approaches to the treatment of more than one disorder, credit should be given only to the first disorder.

Since the command term “contrast” requires a focus on differences, responses (or parts of the response) focusing only on similarities should not earn marks.

Developmental psychology

4. Discuss how social and/or environmental variables may affect 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 social and/or environmental factors that may affect cognitive development.

The variables discussed do not have to be specifically identified as social or environmental as the two are arguably very much related.

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

Candidates may discuss positive influences of social and/or environmental variables (for example, Head Start programmes or parental training) as well as negative influences (for example, deprivation or trauma) on cognitive development. Both approaches are equally acceptable.

Responses may include, but are not limited to:

- interactions with parents, siblings, peers, teachers and other significant figures (Farah *et al.*, 2008)
- cultures differ in the kinds of cognitive skills that are valued and consequently encouraged and developed
- 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. Bhoomika *et al.* (2008) found that malnourished children scored lower in tests of attention, working memory and visio-spatial tasks. Research has also shown that early nutritional supplements in the form of protein and increased calories can have positive long-term consequences for cognitive development.

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

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

If a candidate discusses how social and/or environmental variables may affect biological, social or emotional development (for example, attachment), this part of the response should not earn marks unless the candidate directly links the discussion back to cognitive development, for example, the social/environmental variable of poverty can lead to malnutrition which can retard brain development and therefore negatively affect cognitive development.

5. Evaluate *one theory or one study* related to adolescence.

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 theory or one study related to adolescence. 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:

- traditional theories of “Storm and Stress”
- Coleman’s focal theory (1974)
- Baethge’s (1989) cultural theory
- Elkind’s theory of adolescent egocentrism (1967)
- Erikson’s theory of identity versus role confusion (1959).

Relevant studies may include, but are not limited to:

- Marcia’s (1966) studies on the different types of identity status
- Mead’s (1935) anthropological studies
- Rutter *et al.*’s (1976) studies on the relationships between adolescents and their parents
- Steinberg’s (2001) studies on parent–adolescent conflicts
- Studies related to teenage brain development.

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

- methodological 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
- the applications of the empirical findings.

If a candidate evaluates more than one theory or study, credit should be given only to the evaluation 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 evaluate the main theory or study addressed in the response.

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.

6. To what extent does deprivation and/or trauma in childhood affect later development?

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 potential effects of deprivation or trauma in childhood on later development.

Candidates may address both deprivation and trauma experiences or candidates may choose to discuss only deprivation or only trauma experiences. In either case, these experiences do not have to be specifically identified as deprivation or trauma situations.

Candidates may address biological, cognitive and/or social aspects of later development. All approaches are equally acceptable.

Relevant theories may include, but are not limited to:

- Cyrulnik’s (2005) theory of resilience
- Bowlby’s (1951) maternal deprivation hypothesis
- Spitz’s (1946) psychodynamic theory
- Tedeschi and Calhoun’s (2004) theory on positive aspects of trauma experiences.

It would also be appropriate to refer to studies related to short-term or long-term effects of deprivation and/or trauma, such as:

- Robertson and Bowlby’s (1952) studies showing that maternal deprivation may cause physical, mental and emotional growth retardation
- Rutter *et al.*’s (2001) studies demonstrating that the consequences of deprivation vary with the severity and duration of the depriving experience, the age of the child at which the deprivation occurs and the adequacy of substitute measures such as the quality of the caretaker
- Cockett and Tripp’s (1994) study on long-term attachment deprivation effects.

Candidates may refer to animal studies as part of their response, and credit should be awarded for this as long as they relate the findings to human development.

Deprivation and/or trauma may have detrimental effects, may not have long-lasting effects or may even lead to growth (for example, resilience) in later development. In order to gain high marks, responses should include some consideration of non-detrimental effects.

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.

Relevant strategies (including models and techniques) may include, but are not limited to:

- Lazarus and Folkman’s (1975, 1988) 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 thoughts, disengaging from them, and focussing on positive thoughts, will reduce their stress
- forms of CBT such as stress inoculation training (Meichenbaum, 1985)
- social support groups/networks
- mindfulness-based stress reduction strategies.

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

- 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.

Candidates may also address ineffective or unhealthy coping strategies, such as:

- drug taking
- alcohol abuse
- smoking
- over-eating
- use of defence mechanisms.

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

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. To what extent do sociocultural factors influence health-related behaviour?

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 sociocultural factors influence health-related behaviour.

Stress, eating disorders, substance abuse and other health-related behaviours are equally acceptable for answers to this question. Candidates may approach health-related behaviour as a whole or use specific examples of health-related behaviour. Both approaches are equally acceptable.

Sociocultural factors may include, but are not limited to:

- socio-economic status
- education
- cultural history
- sociocultural norms, for example, sedentary lifestyle and attitudes to exercise/diet (Lakdawalla and Philipson, 2002)
- influence of media (Huhman *et al.*, 2005)

Each factor that is identified should be related to health-related behaviour. Where this connection is not made then no marks should be rewarded for the mere listing or description of sociocultural factors.

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

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

9. Discuss *two* models and/or theories related to health promotion.

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 and hypotheses related to models and/or theories of health promotion.

A candidate may discuss two theories, or two models, or one theory and one model. All of these approaches are equally acceptable.

Relevant theories/models may include, but are not limited to:

- the health belief model (HBM)
- stages of change model
- theory of reasoned action
- non-Western health promotion
- cognitive dissonance theories
- social learning theory
- theory of unrealistic optimism
- behaviourist approaches.

Candidates may use studies and applications to discuss models and theories of health promotion.

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

If a candidate discusses only one model or theory, 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.

Psychology of human relationships

10. To what extent do sociocultural 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 degree to which sociocultural factors influence human relationships.

Candidates may address one or all areas of the option: social responsibility, interpersonal relationships and violence.

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

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

Candidates may refer to animal studies as part of their response, and credit should be awarded for this as long as they relate the findings to human relationships.

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

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

11. Discuss the effects of short-term and/or long-term exposure to violence.

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 different effects of short-term and/or long-term exposure to violence.

It is not necessary for candidates to distinguish between short-term and long-term exposure to violence.

Responses could focus on the effects of violence on individuals and/or groups.

Examples of violence may include, but are not limited to:

- bullying
- domestic violence
- terrorism
- genocide.

Effects of exposure to violence may include, but are not limited to:

- physiological responses to stress (for example, fight or flight)
- cortisol depletion leading to chronic fatigue
- effects on mental health, for example, anxiety, low self-esteem, PTSD, depression, suicide
- lower performance in school
- the circle of violence, that is, the transmission of violent behaviour across generations through social learning (for example, Totten’s (2003) study of domestic violence)
- attachment and the ability to form and maintain relationships
- delinquency.

Research may include, but is not limited to:

- Shalev and Freedman’s (2005) study on PTSD following terrorist attacks
- Shuster *et al.*’s (2001) study of stress responses to exposure to terrorism during 9/11
- Wang *et al.*’s (2010) study of cyber-bullying and depression
- Hyman’s (1990) study of long-term exposure and depression.

Examples of discussion may include, but are not limited to:

- resilience (as an alternative argument)
- difficulty in obtaining empirical evidence
- difficulty in defining terms, for example, what is considered bullying?
- gender and cultural differences.

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.

12. Evaluate *two* examples of research (theories and/or studies) investigating the role of communication in maintaining relationships.

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 examples of research investigating the role of communication in maintaining relationships. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Examples of research may include, but are not limited to:

- gender or cultural differences in communication patterns (for example, Tannen, 1990)
- the role of attribution in relationships (for example, Bradbury and Fincham, 1992)
- the value of disclosure (for example, social penetration theory)
- the role of communication of emotions in maintaining relationships (for example, Gottman and Levenson, 1986)
- studies on marital satisfaction (for example, Fincham, 2004).

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

- methodological 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
- the applications of the empirical findings.

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

If a candidate evaluates only one theory/study, 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.

Sport psychology

13. Discuss *two* or more theories of motivation 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 theories of motivation in sport that includes a range of arguments, factors, or hypotheses.

General theories of motivation can be applied to individuals or groups involved in sport.

Theories of motivation in sport include, but are not limited to:

- cognitive evaluation theory (Deci, 1975)
- achievement motivation needs theory (McClelland and Atkinson, 1961)
- intrinsic motivation (Ashford *et al.*, 1993)
- extrinsic motivation (Smith *et al.*, 1979)
- self-efficacy theory (Bandura, 1977)
- competence motivation theory (Harter, 1978).

Candidates may discuss different theories of motivation by:

- addressing strengths and weaknesses of the theories
- distinguishing similarities and differences among the theories
- considering the practical applications and efficacy of the various theories
- addressing cultural and/or gender considerations
- using studies to support or contradict the theory/theories.

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

If a candidate discusses only one theory of motivation, 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.

14. Examine reasons for using drugs in sport.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “examine” requires candidates to consider an argument or concept in a way that uncovers the assumptions and interrelationships of why people involved in sport use drugs.

Candidates do not have to distinguish between assumptions and interrelationships.

Candidates may focus on individual/personality (biological, cognitive) factors and/or on situational (sociocultural) factors.

Candidates may focus on a range of assumptions about drug use in either professional or amateur sport.

Assumptions could include that drug use will:

- enhance training
- enhance “game time” performance
- prolong a career
- reduce pain
- speed healing
- enhance attractiveness.

Interrelationships between drug use and other factors include:

- short term benefit versus long term damage
- loss of reputation if discovered
- loss of income if discovered
- modelling effects
- peer pressure to use drugs.

Research on drug use includes:

- Whitehead *et al.* (1992)
- Anshel (1998)
- Newman and Newman (1991)
- game theory research (for example, prisoner’s dilemma).

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

15. Discuss *two* models/theories of how to prevent burnout 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 about the prevention of burnout in sport.

Candidates may refer to burnout and its causes, but the focus of the response must be on the prevention of burnout in sport. In addition, models/theories must be linked to behaviour in sport and not behaviour in general.

Models/theories on the prevention of burnout include, but are not limited to:

- Smith’s (1980) cognitive affective model
- Meichenbaum’s (1985) stress inoculation theory (SIT)
- Raedeke’s (2002) investment model of burnout (also known as entrapment theory)
- Kjormo and Halvari’s (2002) study of role conflict and other factors on burnout.

If a candidate discusses more than two models/theories, credit should be given only to the first two discussions.

If a candidate discusses only one model/theory, 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.