

Markscheme

November 2017

Psychology

Higher and standard level

Paper 2

18 pages

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Paper 2 assessment criteria

A — Knowledge and comprehension

Marks	Level descriptor
0	The work does not reach a standard described by the descriptors below.
1–3	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.
4–6	The answer demonstrates limited knowledge and understanding relevant to the question or uses relevant psychological research to limited effect in the response.
7–9	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 work does not reach a standard described by the descriptors below.
1–3	The answer goes beyond description but evidence of critical thinking is not linked to the requirements of the question.
4–6	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.
7–9	The answer integrates relevant and explicit evidence of critical thinking in response to the question.

C — Organization

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

Abnormal psychology

1. Discuss the relationship between etiology and therapeutic approach(es) in relation to **one** disorder.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review about the link between etiology and therapeutic approach.

Anxiety disorders, affective disorders and eating disorders will most likely be presented. It is, however, acceptable to use other examples of disorders.

This question could be addressed in general by pointing out a variety of etiologies and how each influences the course of treatment. For example, depression may be explained from a biomedical viewpoint (for example, the serotonin hypothesis). Therefore, treatment involves prescribing a number of drugs used to treat depression based on theories of the brain chemistry involved.

Discussion may include, but is not limited to:

- cultural considerations
- empirical evidence
- methodological considerations of research studies
- gender considerations related to the impact that the therapeutic approach may have
- a multifaceted approach may be considered the most effective – combining several approaches to treatment as well as helping the patient handle risk factors in the environment
- in reality, practitioners may disregard the link to etiology in choice of treatment.

If a candidate discusses more than one disorder, credit should be given only to the first response.

Candidates may address one therapeutic approach in order to demonstrate depth of knowledge, or may address a larger number of therapeutic approaches in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Candidates may address the question using a general approach to etiology, for example the biomedical explanation of disorders, or by using a specific approach such as the serotonin hypothesis. Both approaches are equally acceptable.

Candidates who use generic terms such as depression, anxiety, and eating disorders instead of using the correct terminology such as major depressive disorder, generalized anxiety disorder or anorexia/bulimia should not be penalized.

If a candidate discusses the relationship between etiology and therapeutic approaches but does not refer to a specific disorder, the response should be awarded 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.

2. Discuss cultural variations in the **prevalence** of psychological disorders.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review that includes a range of cultural variations in the prevalence of disorders.

The term “prevalence” refers to the percentage of individuals within a population who are affected by a specific disorder at a given time. The prevalence of any psychological disorder may be discussed.

Responses may include, but are not limited to:

- reference to an increase in diagnoses related to differences in cultural norms (for example, an increase in diagnoses of depression or eating disorders in women)
- addressing cultural factors that seem to increase the risk of developing affective or eating disorders
- reference to evidence that with increasing Westernization, rates of certain disorders tend to increase
- addressing changes in diagnostic screening which help mental health professions become more culturally aware in their diagnoses
- the prevalence of culture-bound disorders
- the interaction between biological, cognitive and sociocultural factors
- some prevalence rates are consistent across cultures, for example, schizophrenia
- how emic versus etic approaches affect prevalence rates.

Relevant studies may include, but are not limited to:

- Okulate *et al.* (2004) – core symptoms of depression are shared in different cultures
- Jaeger *et al.* (2002) – body dissatisfaction suggesting significant differences between cultures
- Dutton (2009) – cultural variations in prevalence of major depression could be due to cultural differences in stress, standard of living and reporting bias.

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

Candidates may discuss (one or) a small number of disorders in order to demonstrate depth of knowledge, or may discuss a larger number of disorders in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

3. Discuss **two or more** ethical considerations in diagnosis.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of two or more ethical considerations in diagnosis.

Ethical considerations may include, but are not limited to:

- consequences of an incorrect diagnosis (for example, 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)
- bias in diagnosis.

Responses may include, but are not limited to, the following theories and studies:

- Scheff (1966): labelling theory applied to the term “mentally ill”
- Thoits (1985) self-labelling processes in mental illness
- Broverman *et al.* (1970): gender bias in diagnosis
- Rosenhan *et al.* (1973): being sane in insane places
- Szasz’s claim that most mental disorders should be considered as problems in living.

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.

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

If a candidate discusses only one ethical consideration in diagnosis, 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.

Developmental psychology

4. To what extent do social and/or environmental variables affect cognitive development?

The command term “to what extent” requires candidates to consider the contribution of social and/or environmental variables to cognitive development. It may be appropriate and useful for candidates to address the influence of other factors (including biological factors) in order to respond to the command term “to what extent”.

The variables studied do not have to be specifically identified as social or environmental as they are arguably very much related.

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

Candidates may present 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; Clark, 1993; Tizard, 1982)
- 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; Schoon *et al.*, 2002)
- malnutrition can influence cognitive development (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.

If a candidate addresses how social/environmental factors influence attachment and emotional development the response should be awarded up to a maximum of **[3]** for criterion A, knowledge and comprehension, up to a maximum of **[3]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.

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

5. Discuss **two** strategies to build resilience.

The command term “discuss” requires candidates to offer a considered review of two strategies to build resilience.

It is appropriate for candidates to address models, studies and theories related to resilience in order to provide a discussion of strategies to build resilience.

Strategies to build resilience may include but are not limited to:

- social programmes for youth such as Head Start or the Big Brothers Big Sisters Programme (Tierney *et al.*, 1985)
- parent education programmes (Sanders *et al.*, 2002)
- programmes developing skills to protect and promote well-being (for example, cognitive-behavioural therapy (CBT) and social skills training)
- stress inoculation training
- programmes to develop psychological strengths (for example, anger management).

Discussion may include but is not limited to:

- the importance of age and/or maturity of the individual
- the danger of a reductionist approach as resilience is complex and multiple ways of promoting it should be proposed
- the effectiveness of the strategies
- methodological, cultural and gender considerations
- supporting and contradicting theories and findings of studies.

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

If a candidate discusses only one strategy, 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 general issues related to resilience and does not address a strategy, the response should be awarded up to a maximum of **[3]** for criterion A, knowledge and comprehension, up to a maximum of **[3]** for criterion B, critical thinking, and up to **[2]** for criterion C, organization.

6. Contrast **two** examples of psychological research (theories or studies) relevant to developmental psychology.

The command term “contrast” requires candidates to give an account of the differences between two examples of psychological research (theories or studies), referring to both of them throughout.

Candidates should address research on the topics covered in the psychology guide that is, cognitive development, social development (attachment and resilience), and identity development (adolescence and gender roles).

Although candidates are more likely to contrast two theories or two studies, it is acceptable to contrast a theory and a study.

Research may include but are not limited to:

- theories or studies on cognitive development (*eg* Piaget, Vygotsky, Kohlberg, Bruner)
- identity research (*eg* Erikson, Marcia, Elkind, Coleman)
- research on attachment (*eg* Bowlby, Ainsworth, Hazan and Shaver)
- theories or studies on resilience (*eg* Cyrulnik, Werner)
- gender role theories or studies (*eg* Kohlberg, Bem, Mead).

Responses may also focus on general theories such as social learning theory, psychodynamic theory or evolutionary theory. This approach is acceptable as long as these theories are relevant and clearly linked to developmental psychology.

Differences between the research may include, but is not limited to:

- contrary findings or explanations
- cultural and gender considerations
- applications of the empirical findings or theory such as the impact on education
- methodological and ethical considerations
- stages versus continuous process

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

If a candidate only describes and evaluates or compares two examples of psychological research without contrasting them, the response should be awarded up to a maximum of **[6]** for criterion A, knowledge and comprehension, up to a maximum of **[3]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.

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

Health psychology

7. Discuss social and/or psychological aspects of stress.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of social and/or psychological aspects of stress. There is no need for candidates to distinguish between social and psychological aspects of stress.

Relevant research may include, but is not limited to:

- Kemeny *et al.*'s (2005) social self-preservation theory
- Evans and Kim's (2007) or Fernald and Gunnar's (2008) studies on the relationship between poverty and stress
- Taylor *et al.*'s (2000) theory (tend and befriend) and related studies on gender-specific responses to stress
- O'Driscoll and Cooper's (1994) study on coping with work-related stress.
- Kamen and Seligman's (1987) study on attributional style and health levels
- Speisman *et al.*'s (1964) study on the role of appraisal in stress experience
- Lazarus and Folkman's (1984) transactional model of stress

Aspects of stress may include, but are not limited to:

- stress in the workplace
- coping strategies
- social support
- mindfulness-based stress reduction
- causes, consequences and/or strategies for dealing with stress.

Discussion may include, but is not limited to:

- cultural and gender considerations
- application of research
- methodological and ethical considerations
- difficulties in distinguishing between social and psychological aspects of stress
- empirical and/or contrary findings or explanations.

Candidates may address a small number of social/psychological aspects of stress in order to demonstrate depth of knowledge, or may address a larger number of social/psychological aspects of stress in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

8. 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 review regarding the effectiveness of one or more health promotion strategies.

There is no explicit reference to a specific area of health psychology in this question so candidates may choose any relevant area, for example 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.

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., or health promotion programmes in their discussion of a health promotion strategy. Both approaches are equally acceptable.

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
- comparison and/or contrast of health promotion strategies

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.

9. Evaluate **one or more** prevention strategies for obesity.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “evaluate” requires candidates to make an appraisal of the chosen prevention strategies by weighing up the strengths and limitations of each. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

It is appropriate for candidates to address programmes, models, studies and theories related to prevention strategies for obesity in their evaluation. If a candidate refers to a treatment as a strategy to prevent relapse this is acceptable so long as the focus of the response is on prevention.

Prevention strategies aim to change an individual’s lifestyle by targeting healthier eating, more exercise or both. Prevention strategies could include, but are not limited to:

- government intervention programmes, such as requiring labelling of all food products or imposing zoning laws for better access to healthy food markets (*Ashe et al.*, 2003)
- campaigns promoting healthy eating (*Golan et al.*, 1998)
- exercise awareness campaigns (*Huhman et al.*, 2005)
- national health campaigns, such as the British Nutrition Foundation’s eatwell plate which emphasizes healthy eating (2007).

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

- methodological considerations
- cultural and gender considerations
- empirical and/or contrary findings or explanations
- the effectiveness of prevention strategies (and the difficulty in determining the effectiveness)
- multifaceted approaches to obesity.

If a candidate provides general knowledge of how dieting and exercise help in overcoming obesity with no link to prevention strategies or reference to psychological research, the response should be awarded up to a maximum of **[3]** for criterion A, knowledge and comprehension, up to a maximum of **[3]** 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.

Candidates may evaluate one prevention strategy for obesity in order to demonstrate depth of knowledge, or may evaluate a larger number of prevention strategies for obesity in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

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

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

Relevant factors may include, but are not limited to:

- evolutionary explanations of altruism (for example, Dawkin’s selfish gene theory) and/or violence (for example, McAndrew, 2009) and/or attraction (for example, Wedekind, 1995)
- hormonal and/or neurotransmitter influence on trust and bonding (for example, Marazziti and Canale, 2004; Bradford and McLean, 1984)
- brain damage or disease influencing violent behaviour (for example, Soyka, Graz, Bottlender *et al.* 2007; Grafman, *et al.*, 1996)
- brain activity influencing violence (for example, Raine, 1997)
- genetic factors in violent behaviour (for example, the warrior gene – MAOI (monoamine oxidase inhibitors)).

Candidates may address (one or) a small number of biological factors in order to demonstrate depth of knowledge, or may address a larger number of biological factors in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

11. Discuss **two or more** factors influencing bystanderism.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of factors influencing bystanderism.

Bystanderism can be defined as the tendency of a person not to intervene despite awareness of another person’s need.

Factors may include, but are not limited to:

- the role of the number of people available to help (for example, diffusion of responsibility, Latané and Darley, 1968)
- the informational social influence (for example, pluralistic ignorance, Latané and Darley, 1968)
- cognitive dissonance and arousal (for example, Piliavin, 1981)
- the cost benefit analysis of helping (for example, Piliavin *et al.*, 1969)
- personality and/or social norms (for example, Oliner and Oliner, 1989)
- cultural norms (for example, Levin, 1990)
- fear of making a social blunder – social apprehension (for example, Shotland and Straw, 1976)
- the time factor (for example, good Samaritan study, Darley and Batson, 1973).

Discussion may include, but is not limited to:

- cultural considerations
- role of historical context
- methodological considerations
- empirical evidence
- arguments for the existence of altruism
- the possibility of implementing strategies for reducing bystanderism.

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.

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

If a candidate discusses only general issues related to bystanderism and does not address any factors influencing bystanderism, the response should be awarded up to a maximum of **[3]** for criterion A, knowledge and comprehension, up to a maximum of **[3]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.

12. Evaluate one or more sociocultural explanations of the origins of violence.

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 sociocultural explanations of the origins of violence. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Explanations may include, but are not limited to:

- social identity theory (for example, Maass, 2003)
- social learning theory (for example, Bandura, 1961)
- negative social schemas (for example, Bradshaw, 2004)
- deindividuation (for example, Festinger, Pepitone and Newcomb, 1952)
- social interaction approach (for example, Tedeschi and Felson, 1994)
- subculture of violence theory/Culture of Honour (for example, Nisbett and Cohen, 1996).

Evaluation of the sociocultural explanation(s) may include, but is not limited to:

- cultural and/or gender considerations
- application of the explanations
- empirical findings that support or refute the explanation
- comparison/contrast to other explanations.

Although the main focus of the response should be on sociocultural explanations, cognitive and biological explanations are acceptable in order to emphasize a strength or limitation of the explanation.

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.

Candidates may evaluate one sociocultural explanation of the origins of violence in order to demonstrate depth of knowledge, or may examine 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. Explain the role of goal-setting in the motivation of individuals engaged in sport.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “explain” requires candidates to give a detailed account, including reasons or causes, related to the role of goal-setting in the motivation of individuals engaged in sport.

Relevant research may include, but is not limited to:

- the role of intrinsic/extrinsic motivation (for example, Vallerand and Losier, 1999)
- achievement goal theory (for example, Duda and Hall, 2001)
- the relationship between goal-setting and performance (for example, Weinbert *et al.*, 1994)
- the role of outcome, performance, and process goals (for example, Steinberg *et al.*, 2000)
- the relationship between goals and perception of success in children engaged in sport (for example, Duda *et al.*, 1998)
- SMART – components of effective goal setting (for example, Smith, 1994)
- ego orientation versus task orientation (for example, Elliot and Dweck, 1988)
- the role of goal-setting in regulating performance and increasing self-efficacy (for example, Locke and Latham, 1981; 2006)

Examples of how candidates may show evidence of critical thinking could include:

- analysis of the methodology and/or ethical considerations
- application of empirical support in relation to the role of goal-setting
- using evidence from studies that support or disconfirm the importance of the role of goal-setting
- questioning the direction of cause and effect.

Descriptions of research on goal-setting in motivation without a link to motivation in sport 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.

14. Discuss **two or more** 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 review of two or more effects of drug use in sport. Effects may contribute positively and/or negatively to an athlete’s performance.

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

- physical effects such as quicker healing from injury, weight gain, liver/kidney damage, increased risk of heart damage/stroke, weakened tendons
- psychological effects such as increased aggression, increased risk of mental illness, mood swings (including “roid rage” as a result of steroid use)
- addiction and withdrawal symptoms
- masculinization and feminization of athletes
- enhanced performance
- the masking of pain, leading to greater injury.

Studies related to effects of drug use in sport could include, but are not limited to:

- Liv *et al.* (2008) on unclear results of use of human growth hormone on athletic performance
- McGrath and Cowan (2008) on drug use in sport including effect on performance and detrimental effects
- Tokish *et al.* (2004) on performance and side effects of performance enhancing drugs
- Pope and Katz (1988) on steroid use and increased mood disorders
- Yates *et al.* (1992) on steroid use and increased aggression
- Brower *et al.* (1991) on steroid use leading to addiction.

Discussion points may include, but are not limited to:

- gender considerations
- cultural variations
- contrary and/or supporting findings or explanations
- application of research
- ethical issues.

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

If a candidate discusses only one effect of drug use in sport, 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.

15. Discuss athlete response to chronic injury

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of athlete response to chronic injury.

Research with regard to chronic injury may include, but is not limited to:

- Kubler-Ross’s model of rehabilitation (and related research such as Hardy and Grace, 1990; Brewer, 1994)
- coping in a “culture of risk” (for example, Nixon, 1992)
- identity loss in response to injury (for example, Petipas and Danish, 1995)
- avoidance coping (for example, Shuer *et al.*, 1997)
- information-processing model of injury response (for example, Udry *et al.*, 1997)
- cognitive appraisal model and coping (for example, Wiese-Bjornstall, 1998)

Discussion may include, but is not limited to:

- cultural considerations
- gender considerations
- ethical considerations of continued performance after injury
- contrary and/or supporting findings or explanations
- methodological considerations.

If a candidate addresses only the issue of chronic injury without linking it to athlete response, the answer should be awarded up to a maximum of **[4]** for criterion A, knowledge and comprehension, up to a maximum of **[5]** for criterion B, critical thinking, and up to a maximum of **[2]** for criterion C, organization.
