

Markscheme

November 2019

Psychology

Higher and standard level

Paper 2

17 pages

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Paper 2 assessment criteria

Criterion A — Focus on the question

[2]

To understand the requirements of the question students must identify the problem or issue being raised by the question. Students may simply identify the problem by restating the question or breaking down the question. Students who go beyond this by **explaining** the problem are showing that they understand the issues or problems.

Marks	Level descriptor
0	Does not reach the standard described by the descriptors below.
1	Identifies the problem/issue raised in the question.
2	Explains the problem/issue raised in the question.

Criterion B — Knowledge and understanding

[6]

This criterion rewards students for demonstrating their knowledge and understanding of specific areas of psychology. It is important to credit **relevant** knowledge and understanding that is **targeted** at addressing the question and explained in sufficient detail.

Marks	Level descriptor
0	Does not reach the standard described by the descriptors below.
1 – 2	The response demonstrates limited relevant knowledge and understanding. Psychological terminology is used but with errors that hamper understanding.
3 – 4	The response demonstrates relevant knowledge and understanding but lacks detail. Psychological terminology is used but with errors that do not hamper understanding.
5 – 6	The response demonstrates relevant, detailed knowledge and understanding. Psychological terminology is used appropriately.

Criterion C — Use of research to support answer**[6]**

Psychology is evidence based so it is expected that students will use their knowledge of research to support their argument. There is no prescription as to which or how many pieces of research are appropriate for their response. As such it becomes important that the research selected is **relevant** and useful in **supporting** the response. One piece of research that makes the points relevant to the answer is better than several pieces that repeat the same point over and over.

Marks	Level descriptor
0	Does not reach the standard described by the descriptors below.
1 – 2	Limited relevant psychological research is used in the response. Research selected serves to repeat points already made.
3 – 4	Relevant psychological research is used in support of the response and is partly explained. Research selected partially develops the argument.
5 – 6	Relevant psychological research is used in support of the response and is thoroughly explained. Research selected is effectively used to develop the argument.

Criterion D — Critical thinking

[6]

This criterion credits students who demonstrate an inquiring and reflective attitude to their understanding of psychology. There are a number of areas where students may demonstrate critical thinking about the knowledge and understanding used in their responses and the research used to support that knowledge and understanding. The areas of critical thinking are:

- research design and methodologies
- triangulation
- assumptions and biases
- contradictory evidence or alternative theories or explanations
- areas of uncertainty.

These areas are not hierarchical and not all areas will be relevant in a response. In addition, students could demonstrate a very limited critique of methodologies, for example, and a well-developed evaluation of areas of uncertainty in the same response. As a result a holistic judgement of their achievement in this criterion should be made when awarding marks.

Marks	Level descriptor
0	Does not reach the standard described by the descriptors below.
1 – 2	There is limited critical thinking and the response is mainly descriptive. Evaluation or discussion, if present, is superficial.
3 – 4	The response contains critical thinking, but lacks development. Evaluation or discussion of most relevant areas is attempted but is not developed.
5 – 6	The response consistently demonstrates well-developed critical thinking. Evaluation or discussion of relevant areas is consistently well developed.

Criterion E — Clarity and organization

[2]

This criterion credits students for presenting their response in a clear and organized manner. A good response would require no re-reading to understand the points made or the train of thought underpinning the argument.

Marks	Level descriptor
0	Does not reach the standard described by the descriptors below.
1	The answer demonstrates some organization and clarity, but this is not sustained throughout the response.
2	The answer demonstrates organization and clarity throughout the response.

Abnormal psychology

1. Discuss the role of **two or more** clinical biases in diagnosis.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of the role of clinical biases in diagnosis.

Examples of clinical bias may include, but are not limited to:

- societal norms
- classification systems (eg Diagnostic Statistical Manual, DSM)
- ethical considerations
- racial/ethnic/cultural/gender considerations and bias
- clinician and patient variables (eg reporting bias, somatization)

Relevant studies may include but are not limited to:

- Hartung and Widiger’s (1998) study of gender differences bias in diagnosis
- Rutjes’s (2005) study about sources of bias and variation in diagnosis
- Elstein’s (1999) study of heuristics and biases
- Kendall and Cooper’s (1971) study of cultural bias in clinical diagnosis
- Cwik *et al.*’s (2016) study on diagnostic accuracy and gender biases
- Ransohoff and Feinstein’s (1978) study on bias in evaluating the efficacy of diagnostic tests
- Davis-Coelho *et al.*’s (2000) study on bias in diagnosing obese clients.

If a candidate discusses only one clinical bias in diagnosis, the response should be awarded up to a maximum of **[3]** for criterion B: knowledge and understanding. All remaining criteria should be awarded marks according to the best fit approach.

2. Contrast **two** explanations of **one or more** disorders.

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 explanations of one or more disorders, referring to both explanations throughout. It is not necessary for candidates to evaluate the explanations in order to receive high marks.

The disorder(s) chosen must come from the list in the guide:

- anxiety disorders
- depressive disorders
- obsessive compulsive disorders
- trauma and stress related disorders
- eating disorders.

Explanations contrasted may include, but are not limited to:

- cognitive explanations
- biological explanations
- social cognitive explanations
- genetic explanations
- psychoanalytic explanations
- biopsychosocial explanations.

Although not limited to the following, factors that might be considered when contrasting two explanations include:

- genetic factors
- biochemical factors
- cognitive style
- cognitive distortion and bias
- cultural factors
- environmental factors.

Relevant studies may include but are not limited to:

- Henninger *et al.*'s (1996) study on reducing serotonin levels in healthy individuals
- Nurnberg and Gershon's (1982) review of seven twin studies on major depression
- Boury *et al.*'s (2001) correlation between amount of negative automatic thoughts and the severity of depression
- Brown and Harris's (1978) study on social factors of depression
- Kendler *et al.*'s (1991) twin research on genetic vulnerability in bulimia nervosa
- Jaeger *et al.*'s (2002) cross-cultural study on the relationship between body dissatisfaction and development of bulimia

If a candidate only discusses two explanations of one disorder without presenting a contrast, the response should be awarded a maximum of up to **[3]** for Criterion D: critical thinking. All remaining criteria should be awarded marks according to the best fit approach.

3. Evaluate the effectiveness of **one or more** treatments.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “evaluate” requires candidates to make an appraisal of the effectiveness of the chosen treatment(s) by weighing up its/their strengths and limitations. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Relevant studies may include, but are not limited to:

- Cooper *et al.*'s (2003) study on short and long-term effects of psychological treatment on post-partum depression
- Neale *et al.*'s (2011) meta-analysis of studies of the outcome of using antidepressants versus placebos
- Elkin *et al.*'s (1989) outcome study of treatment for depression
- MacDermut *et al.*'s (2001) meta-analysis of the effectiveness of group therapy for depression
- Pampallona *et al.*'s (2004) study on the efficacy of drug treatment alone versus drug treatment and psychotherapy in depression
- Vocks *et al.*'s (2010) meta-analysis of the effectiveness of psychological and pharmacological treatments for binge-eating disorder.

Evaluative points may include, but are not limited to:

- cultural considerations
- short-term versus long-term efficacy
- side-effects of treatment
- cost of treatment
- age and gender considerations
- focus of treatment (symptom versus cause)
- non-compliance
- methodological considerations of studies assessing effectiveness of treatment (small samples, no control group, no random allocation of patients and possibility of researcher bias).

If the candidate addresses only strengths or only limitations, the response should be awarded up to a maximum of **[3]** for criterion D: critical thinking. All remaining criteria should be awarded marks according to the best fit approach.

Developmental psychology

4. To what extent does childhood trauma affect development?

Refer to the paper 2 assessment criteria when awarding marks.

The command term “to what extent” requires candidates to consider the impact of childhood trauma on development. Responses may address the influence of trauma on different aspects of development, such as physiological, cognitive and/or social development.

Relevant studies of childhood trauma on development include, but are not limited to:

- the effects of deprivation in critical periods (the cases of Genie/Anna/Isabelle)
- PTSD as a consequence of trauma (Feldman and Vengrober, 2011; Luo *et al.*, 2012)
- Rutter *et al.*'s (2001) and Rutter's (1981) studies on the consequences of deprivation
- Cockett and Tripp's (1994) study on long-term attachment deprivation effects
- Koluchova's case study showing the possibility of reversing the effects of deprivation.

It is appropriate and useful for candidates to address resilience in order to respond to the command term “to what extent”. This could also be addressed by discussing the positive and negative effects of trauma. Both approaches are acceptable.

It is appropriate and useful for candidates to address other relevant factors (such as deprivation, neglect or domestic violence) in order to respond to the command term “to what extent”.

5. Discuss **one or more** theories of gender identity development.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of one or more theories of gender identity development.

Theories discussed may include, but are not limited to:

- biosocial theory of gender development (*eg* Money and Ehrhardt, 1972)
- social cognitive theory (*eg* Bandura, 1977)
- gender schema theory (*eg* Martin and Halvorson, 1978)
- social role theory (*eg* Eagly, 1987)
- theories of transgender identity (*eg* Nagoshi and Brzuzy, 2010)

Discussion points may include, but are not limited to:

- examining the underlying assumptions of gender identity development
- evidence in support of the theories
- discussion of strengths and limitations of the theory/theories
- methodological and ethical considerations of the supporting studies.

6. Evaluate **one or more** theories of brain development.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “evaluate” requires candidates to make an appraisal of one or more theories of brain development by weighing up the strengths and limitations. 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:

- theory of neuroplasticity
- maturational theory of brain development.

Relevant studies may include, but are not limited to:

- Chugani’s (1999) study of PET scans and glucose metabolism in newborns
- Giedd’s (2004) longitudinal study of healthy children using MRI scans
- Waber’s (2007) longitudinal study of normal brain development using MRI scans
- Strathearn *et al.*’s (2001) study of delayed cognitive development and head growth.

Evaluation points may include, but are not limited to:

- the accuracy and clarity of the theory
- productivity of the theory in generating psychological research
- methodological, cultural, and gender considerations
- contrary explanations
- applications of the theory
- ethical concerns regarding research
- relevance of animal models for human brain development.

If the candidate addresses only strengths or only limitations, the response should be awarded up to a maximum of **[3]** for criterion D: critical thinking. All remaining criteria should be awarded marks according to the best fit approach.

Health psychology

7. Evaluate the biopsychosocial model of health and well-being.

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 the biopsychosocial model of health and well-being. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

The biopsychosocial model has been widely accepted in the field of health psychology. It takes into consideration biological factors, psychological factors, sociocultural factors, as well as the behaviours of an individual when considering how to reduce health risks, prevent illnesses, and promote healthy ways of living. The goal of this model is to find ways to help people stay healthy and to accept and commit to treatment methods for health problems.

Relevant studies may include but are not limited to:

- Hoffman and Driscoll’s (2000) study on health promotion and disease prevention
- Engel’s (1978) study on the biopsychosocial model and education of health professionals
- Cohen and Koenig’s (2003) study on religion and the biopsychosocial model of health and ageing
- Hatala’s (2012) study on the status of the biopsychosocial model in health psychology.

Evaluation points may include, but are not limited to:

- alternative/contrary explanations
- the accuracy and clarity of the model
- productivity of the model in generating psychological research
- methodological, cultural, and gender considerations
- reductionist versus holistic conceptualizations of health
- applications of the model.

If the candidate addresses only strengths or only limitations, the response should be awarded up to a maximum of **[3]** for criterion D: critical thinking. All remaining criteria should be awarded marks according to the best fit approach.

8. Evaluate **one or more** explanations of **one or more** health problems.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “evaluate” requires candidates to make an appraisal of one or more explanations of one or more health problems by weighing up the strengths and limitations. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Candidates are likely to write about health problems presented in the psychology guide:

- stress
- obesity
- addiction
- chronic pain
- sexual health.

Relevant studies may include, but are not limited to:

- Steptoe and Marmot’s (2003) study of biopsychosocial aspects of stress
- Burman and Margolin’s (1992) study on the association between marital relationships and health problems
- Reed *et al.*’s (1999) study connecting HIV positive people and pessimism
- Iwasaki and Smale’s (1998) longitudinal analyses of relationships and chronic health problems.

Evaluation points may include, but are not limited to:

- the accuracy and clarity of the explanation
- productivity of the explanation in generating psychological research
- methodological, cultural, and gender considerations
- contrary/alternative explanations
- applications of the explanation
- supporting and contradicting evidence.

If the candidate addresses only strengths or only limitations, the response should be awarded up to a maximum of **[3]** for criterion D: critical thinking. All remaining criteria should be awarded marks according to the best fit approach.

9. Evaluate **one or more** health promotion programmes.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “evaluate” requires candidates to make an appraisal of one or more health programmes by weighing up the strengths and limitations. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain marks.

The health promotion programme(s) chosen are likely to relate to one or more of the health problems presented in the psychology guide:

- stress
- obesity
- addiction
- chronic pain
- sexual health.

Relevant health promotion programmes 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 program to prevent pregnant mothers from drinking alcohol (Carr, 1994)
- programmes based on social learning theory (for example, the Sabido method to encourage safe sex practices)
- Project SMART (US), promoting positive health decisions in middle school aged children.

Evaluation points may include, but are not limited to:

- alternative programmes
- whether or not the programme is based on a psychological health model/theory
- cultural and ethical considerations in implementation
- methodological concerns in measuring programmes’ outcomes
- empirical evidence related to effectiveness of the programme.

If the candidate addresses only strengths or only limitations, the response should be awarded up to a maximum of **[3]** for criterion D: critical thinking. All remaining criteria should be awarded marks according to the best fit approach.

Psychology of human relationships

10. Discuss **one or more** research methods used in the study of personal relationships.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of research methods used in the study of personal relationships.

Relevant research methods could include, but are not limited to:

- interviews (*eg* focus group, semi-structured)
- naturalistic observations
- correlational studies (*eg* surveys)
- case study
- experiments.

Examples of studies that may be used could include:

- Flora and Segrin’s (2003) study, using interviews, of the relational history in married and dating couples
- Gupta and Singh’s (1982) study interviewing couples in love relationships and arranged marriages
- Glenn’s (2005) study using interviews and questionnaires to investigate cultural grounding of personal relationships
- Gatter and Hodkinson’s (2016) study of Tinder versus online dating agencies, using correlational design with a convenience sample and snowball sampling
- Levenson and Gottman’s (1983) observational study of marital dissatisfaction.

Discussion points may include, but are not limited to:

- demand characteristics/social desirability effect in self-reported studies
- experimental research may lack ecological validity
- issues and problems related to gender and cross-cultural differences
- sampling bias
- validity and reliability
- ethical considerations.

11. To what extent does the sociocultural approach contribute to the understanding of group dynamics?

Refer to the paper 2 assessment criteria when awarding marks.

The command term “to what extent” requires candidates to consider the contribution of the sociocultural approach to understanding group dynamics.

It is appropriate and useful for candidates to address alternative approaches to understanding group dynamics as part of the response to the command term “to what extent”.

Sociocultural factors in understanding group dynamics could include, but are not limited to:

- in-group and out-group – competition and cooperation between the groups
- integrated threat theory
- stereotyping
- intergroup dynamics.

Relevant studies may include, but are not limited to:

- Drury and Reicher’s (1999) study of intergroup dynamics
- Brewer’s (1999) study of in-group loyalty and out-group bias
- Abrams *et al.*’s (2003) study of subjective group dynamics and in-group bias
- Fiske *et al.*’s (2002) model of (often mixed) stereotype content
- Haslam and Reicher’s (2006) study on inter- and intra-group dynamics related to social identity
- Tajfel’s (1971) study on ingroup/outgroup.

Candidates may consider a small 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.

12. Discuss by-standerism, with reference to **one or more** studies.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” asks candidates to offer a considered review of by-standerism.

Factors influencing by-standerism could include, but are not limited to:

- diffusion of responsibility
- pluralistic ignorance
- empathy
- norms and social roles
- cost-reward
- dispositional factors.

Relevant studies could include, but are not limited to:

- Latane and Darley’s (1968) study to investigate bystander intervention and diffusion of responsibility
- Pillavin *et al.*’s (1969) field experiment investigating variables in helping behaviour
- Oliner and Oliner’s (1988) study investigating dispositional factors and personal norms in helping holocaust victims
- Fischer *et al.*’s (2011) meta-analysis on bystander intervention in dangerous and non-dangerous emergencies
- Soo Hoo’s (2009) study on by-standerism in school bullying
- Tamburri’s (2014) study on a by-standerism intervention programme targeting sexual assault
- Ploetner *et al.*’s (2015) study on bystander effect in young children in helping situations
- Manning and Levine’s (2007) Kitty Genovese archival case study.

Discussion could include but is not limited to:

- cognitive interpretation of the situation
- cultural and gender considerations
- a comparison of different explanations
- Manning and Collins’s (2007) discussion on the Kitty Genovese murder and the social psychology of helping which questioned the basis of bystander research.

Studies on prosocial behaviour should not be awarded credit for criterion C, use of research to support answer. However, if reference to prosocial behaviour is addressed as part of the discussion on by-standerism, credit can be awarded for criterion D, critical thinking.