

Markscheme

May 2021

Psychology

Higher level

Paper 2

18 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 to 2	The response demonstrates limited relevant knowledge and understanding. Psychological terminology is used but with errors that hamper understanding.
3 to 4	The response demonstrates relevant knowledge and understanding but lacks detail. Psychological terminology is used but with errors that do not hamper understanding.
5 to 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 to 2	Limited relevant psychological research is used in the response. Research selected serves to repeat points already made.
3 to 4	Relevant psychological research is used in support of the response and is partly explained. Research selected partially develops the argument.
5 to 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 to 2	There is limited critical thinking and the response is mainly descriptive. Evaluation or discussion, if present, is superficial.
3 to 4	The response contains critical thinking, but lacks development. Evaluation or discussion of most relevant areas is attempted but is not developed.
5 to 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. Evaluate **one** classification system for psychological disorders.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “evaluate” requires candidates to make an appraisal of one classification system for psychological disorders by weighing up the strengths and limitations of the classification system. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Classification systems for psychological disorders include, but are not limited to:

- DSM-5 (American Psychiatric Association, 2013)
- The International Classification of Diseases (ICD-11, World Health Organization, 2018)
- The Chinese Classification of Mental Disorders (CCMD-3, Chinese Society of Psychiatry, 2001)
- Great Ormond Street Handbook of Paediatrics (2016).

Relevant studies may include, but are not limited to:

- Hafstad et al.’s (2017) comparison of ICD-11 and DSM-5 criteria for diagnosis of PTSD
- Andrews et al.’s (1999) comparison of ICD-10 and DSM-IV diagnoses
- Ahmed et al.’s (2018) use of RDoC for depression
- Zheng et al.’s (1994) comparison of CCMD-2 and DSM-III-R systems.

Research relating to previous versions of the classification systems should be accepted if made relevant to the answer. For example, Rosenthal-based responses will need to be read and assessed carefully in terms of whether they have been shaped to issues specifically on the nature and use of classifications systems.

Critical evaluation points may include, but are not limited to:

- aims and purposes of the system
- assumptions and biases
- usefulness in research, clinical practice, and primary prevention strategies
- reliability and/or validity of the systems
- comparison with alternative classification systems
- areas of uncertainty.

Candidates may address other classification systems and be awarded marks for these as long as they are clearly used to evaluate the classification system addressed in the response.

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

2. Discuss **two** research methods used in the investigation of the etiology of abnormal psychology.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of two research methods used in the investigation of the etiology of abnormal psychology.

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.

Research that can be used to support the response includes, but is not limited to:

- Becker et al.’s (2002) study investigating the influence of television on the prevalence of eating disorder symptoms, using questionnaire data and semi-structured interviews
- Cohn and Adler’s (1987) questionnaire and quasi-experiment investigating body shape preferences
- Kendler et al.’s (2006) correlational study investigating the heritability of depression
- Kendler et al.’s (1991) correlational study into genetic vulnerability in bulimia nervosa
- Brown and Harris’s (1986) longitudinal survey investigating the relationship between life events and depression.

Critical discussion may include, but is not limited to:

- why the method(s) was/were selected and the appropriateness of the method(s), including strengths and weaknesses of the method(s)
- possible theoretical assumptions and/or biases in relation to the chosen method
- the issues of validity and reliability
- the use of alternative/additional methods (triangulation).

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

If a candidate discusses only one research method, 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.

Responses may refer to brain imaging techniques (MRI, PET scans) and be awarded marks for these as long as this is clearly used as part of a description/evaluation of the research method but not as a method by itself.

Responses may also refer to any of the following: twin studies, adoption studies, family studies, longitudinal/cross-sectional studies, cross-cultural studies and be awarded marks for these as long as this is used **as part of** a chosen research method (not as a method by itself).

Responses referring to meta-analysis are not acceptable and should not gain marks.

Responses referring to different types of experiment are not acceptable as two separate methods, as well as other similar examples (e.g. semi-structured interviews and focus groups cannot be considered as two different research methods)

Responses describing and discussing studies but not focusing on research methods should be awarded up to a maximum of [2] for criteria B and D. All remaining criteria should be awarded marks according to the best fit approach.

3. Discuss **one or more** ethical considerations in relation to the treatment of **one or more** psychological disorders.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of ethical considerations in relation to the treatment of psychological disorders.

Relevant ethical considerations can include, but are not limited to:

- effectiveness of treatments
- informed consent
- validity of diagnosis
- physical and psychological harm caused by treatment
- the expectations of those who are treated and/or worsening of symptoms
- short and long-term side effects of treatments
- the responsibilities of the therapist
- cultural/gender sensitivity.

Research that can be used to support the discussion may include, but is not limited to:

- Rossello and Bernal’s (1999) study adapting CBT and IPT for Puerto Rican adolescents
- Aultman’s (2016) case study on psychiatric diagnostic uncertainty in patient-centred care
- Hoop et al.’s (2008) study on ethics and culture in mental healthcare
- Garnets et al.’s (1991) study on issues in psychotherapy in lesbians and gay men.

Critical discussion may include, but is not limited to:

- the considerations of conducting treatment in a different culture
- the use of blind and double-blind research when investigating the effectiveness of treatment, including the use of placebo
- the difficulties of ensuring confidentiality and anonymity
- decisions as to why certain ethical guidelines were/were not followed in research investigating the effectiveness of treatment
- limitations of research investigating effectiveness of specific treatments eg the issue of long term effectiveness
- social sensitivity of studies investigating the treatment of psychological disorders.

Developmental psychology

4. Discuss the development of empathy and/or theory of mind.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of the development of empathy and/or theory of mind. Candidates may discuss only the development of a theory of mind or only the development of empathy or may discuss the development of both of them. These approaches are equally acceptable.

The theory of mind is the ability to understand and attribute a particular mental state to a certain behaviour. Empathy is a similar concept but slightly different in that it refers to the ability to infer another’s emotional state.

Research relevant to the development of a theory of mind may include, but is not limited to:

- Wellman et al. (2003)
- Flavell, Miller and Miller (1993)
- Wellman and Gelman (1992)
- Wellman (1990).

Research relevant to the development of empathy may include, but is not limited to:

- Birch (2016)
- Van der Mark et al. (2002)
- Damon and Hart (1992)
- Damon (1988).

Relevant areas of discussion may include, but are not limited to:

- the social and cultural influences (*eg* Astington and Gopnik, 1991; Dunn et al., 1991; Harris, 1989)
- the biological influences (*eg* Saxe and Powell, 2006; Gallagher et al., 2003)
- the deficits in social insight, for example in autism spectrum disorders (*eg* Baron-Cohen, 2001; Frith, 1994; Leslie and Frith, 1988)
- the presence or absence of empathy or theory of mind in non-human animals (*eg* Penn and Povinelli, 2007; Heyes, 1998; Premack and Woodruff, 1978)

Responses referring to animal research are acceptable as long as they are linked to human behaviour.

Responses referring to cognitive development are not acceptable and should not earn marks unless specifically tied to the development of theory of mind/empathy.

Development can be both positive and negative, so content concerning factors that hinder the development of Theory of Mind and/or empathy are acceptable and should be awarded marks.

5. Discuss **one or more** factors that influence the development of resilience.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of factors that influence the development of resilience.

Relevant risk/protective factors may include, but are not limited to:

- connections to competent and caring adults in the family and community
- cognitive skills (such as intelligence and problem-solving)
- self-regulation skills
- positive views of self
- motivation to be effective in the environment
- genetic influence.

Relevant studies may include, but are not limited to:

- Masten and Coatsworth’s (1998); Pettit et al.’s (1997) studies on positive relationships of at least one supportive parent or caregiver
- McRae et al.’s (2012) study on the ability to monitor and assess negative thoughts and replace them with more positive ones
- Karreman and Vingerhoets’s (2012) study on the role of attachment style on resilience
- Ozbay et al.’s (2008) study on the link between seeking social support and resilience
- Leontopoulou’s (2010); Southwick et al.’s (2005) studies on how prosocial behaviour and altruism are associated with resilience
- Russo et al.’s (2012); Feder et al.’s (2009) studies on a range of human genes linked to resilient phenotypes
- Koluchova’s study (1972)

Critical discussion may include but is not limited to:

- variable-focused approach vs. person-focused approach in the study of resilience
- implications for promoting resilience in child rearing
- possible gender difference in emotional regulation/cognitive reappraisal
- methodological and ethical considerations
- alternative factors and/or explanations.

Candidates may offer content concerning negative factors influencing the development of resilience - e.g. the impact of poverty, malnutrition or abuse on further development and argue that this has a negative impact on resilience. This approach is acceptable as long as it is clearly linked to the development of resilience.

6. To what extent is development as a learner influenced by biological factors?

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 on development as a learner.

In order to respond to the command term "to what extent", it is appropriate and useful for candidates to address how cognitive development is the result of complex interactions between biological and sociocultural factors. There appears to be an interaction between biological factors and the experience gained by sociocultural factors, which influences our development.

Candidates may address biological factors in relation to specific aspects of cognitive development (for example memory, intelligence, language or attention) or address biological factors in relation to cognitive development in general. Both approaches are equally acceptable.

Responses may refer to biological factors including but not limited to:

- the effects of maturation of the nervous system on cognitive development (*eg* Waber, 2007; Giedd, 2004; Chugani et al., 2001)
- the biological maturational component of language acquisition (*eg* Newport, 1990; Pinker, 1989; Chomsky, 1981)
- genetic inheritance in intelligence (*eg* Deary et al., 2006; Bouchard et al., 1990)
- brain damage and memory deficits (*eg* Cowell et al., 2006; Corky, 1997)
- cortisol and memory deficits (*eg* Wolf et al., 2001)
- biological basis of attention (*eg* Ray and Sreedaran, 2015).

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.

Health psychology

7. Discuss **one or more** sociocultural factors in promoting health.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of sociocultural factors in promoting health.

Health promotion programmes are those initiatives designed to assist people in gaining control over and improving their own health. These may be public or government programmes, or may be privately sponsored. In addition, these programmes may be developed on an individual, local, national, or international level.

Relevant sociocultural factors may include, but are not limited to:

- the level of social support (eg an individualistic versus collective culture)
- peer-group pressure
- public attitudes toward health issues such as smoking
- body shape attitudes and cultural norms
- the influence of the media on health promotion
- attitudes within a culture toward “fear factors”.

Relevant studies include but are not limited to:

- Kreuter and Lukwago’s (2003) study of cultural appropriateness in health promotion programmes
- Wallerstein’s (1992) study on powerlessness and empowerment in health promotion programmes
- Resnicow et al.’s (1999) study on cultural sensitivity in public health
- Kalichman and Coley’s (1995) study on the role of cultural influence on health communication in relation to HIV
- Sepstrup’s (1999) study on the role of media in health promotion.

Critical discussion points may include, but are not limited to:

- methodological and ethical considerations
- social engineering (eg laws) versus health promotion programmes
- the effectiveness of health promotion programmes
- how the findings of research have been interpreted and applied
- assumptions on which health promotion programmes are based
- alternative contributing factors such as biological/cognitive factors (so long as the main focus is on sociocultural factors).

Candidates may discuss negative factors influencing promotion of health – for example discussing the impact of poverty, peer pressure, stigmatization or conformity/adherence to sociocultural practices/norms.

Responses referring to the influence of sociocultural factors on health issues (e.g. obesity, stress, addiction) are not acceptable and should not be awarded marks.

8. Discuss the biopsychosocial model of health and well-being.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to make a considered review of the biopsychosocial model of health and well-being.

The biopsychosocial model uses a holistic approach to understanding health and illness that incorporates sociocultural factors, psychological factors, biological factors and individual behaviours.

The biopsychosocial model includes the following factors:

- biological factors such as genetics, age, sex, nutrition and previous illnesses
- psychological factors, such as health beliefs, habits, health knowledge, coping skills or strategies.
- sociocultural factors such as socio-economic status, peer pressure, family pressure, social norms, social support and availability of health care facilities.

Relevant research includes, but is not limited to:

- Olson and Strawderman’s (2003) study investigating how the biopsychosocial model predicts gestational weight gain
- Gatchel and Peng et al.’s (2007) review of the biopsychosocial approach to chronic pain
- Alonso’s (2004) study on the biopsychosocial model and the evolution of health concepts
- Hoffman and Driscoll’s (2000) study on health promotion and disease prevention using the biopsychosocial model.

Critical discussion points may include, but are not limited to:

- methodological and ethical considerations
- cultural/gender considerations
- usefulness of application
- assumptions and biases
- areas of uncertainty
- comparison with alternative model (the biomedical model).

9. Discuss **one or more** explanations of health problems.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to make a considered review of one or more explanations of health problems.

The health problem(s) likely to be presented include: stress, addiction, obesity, chronic pain, and/or sexual health.

Explanations for health problems may include, but are not limited to:

- the biopsychosocial model combines biological, psychological, social, and behavioural causes and treatments for health problems
- social and cultural factors involved in determining health and illness
- risk and protective factors in health
- the biomedical model, which focuses primarily on biological factors.

Relevant studies include but are not limited to:

- Steptoe and Marmot’s (2003) survey on the interaction of psychological, social and physiological aspects of stress
- Link and Phelan’s (1995) study on social conditions as fundamental causes of disease
- Bauman et al.’s (1990) correlational study on likelihood of smoking in adolescence where parents also smoke

Critical discussion points may include, but are not limited to:

- methodological and ethical considerations in research related to health problems
- how the findings of research have been interpreted and applied
- implications of the findings
- assumptions and biases in explanations of health problems
- areas of uncertainty
- comparison of different explanations of specific health problems.

Psychology of human relationships

10. Discuss co-operation and/or competition in groups.

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 co-operation and competition in groups.

Relevant theories may include, but are not limited to:

- realistic conflict theory
- game theory
- social identity theory

Relevant studies may include, but are not limited to:

- Sherif’s (1961) Robbers Cave study
- Aronson’s (1971) jigsaw classroom
- Beeman and D’Amico’s (1956) study of the effects of co-operation and competition on cohesiveness of small groups
- McCallum, Haring, Gilmore, Drenan, Chase, Insko, and Thibaut’s (1985) study on competition and co-operation between groups and individuals using the Prisoner’s Dilemma
- Tajfel et al. (1971)

Critical discussion may include, but is not limited to:

- the role of co-operation in strengthening or weakening group cohesion
- effects of co-operation or competition on individual and group performance
- comparison of co-operation and competition in groups
- methodological and ethical considerations in research related to co-operation and/or competition in groups
- how the findings of research have been interpreted and applied
- implications of the findings
- assumptions and biases in research related to co-operation and/or competition in groups.

11. Discuss **one or more** studies investigating the formation 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 one or more studies investigating the formation of personal relationships.

Relevant studies may include, but are not limited to:

- Flora and Segrin’s (2003) study on the perception of the relationship in married and dating couples
- Wedekind’s (1995) experiment on mate preference based on genetic makeup
- Buss et al.’s (1990) cross-cultural factors in attraction (the international mate selection project)
- Gupta and Singh’s (1982) study using interviews on arranged marriages in Indian couples.

Critical discussion points may include, but are not limited to:

- methodological and ethical considerations
- cultural/gender considerations
- how the findings of research have been interpreted and applied
- implications of the findings
- contradictory evidence.

Responses referring to studies on maintenance, changes, dissolution or end of a relationship are not acceptable and should not be awarded marks.

12. Discuss **one or more** factors influencing by-standerism.

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 factors influencing by-standerism.

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

- diffusion of responsibility
- normative social influence (conformity)
- cultural considerations
- costs/rewards of helping behaviour
- dispositional characteristics.

Relevant studies may include, but are not limited to:

- Latane and Darley’s (1970; 1968) studies of unresponsive by-stander
- Bateson and Darley’s (1973) study on the role of situational and dispositional factors
- Piliavin’s (1969) study of helping behavior and the costs/rewards of helping
- Oliner and Oliner’s (1988) study of dispositional factors in by-standerism.

Critical discussion may include, but is not limited to:

- methodological and ethical considerations in the research on by-standerism
 - how the findings of research have been interpreted and applied
 - implications of the findings
 - assumptions and biases
 - areas of uncertainty
 - comparison with alternative factors.
-