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Programme du diplôme
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Markscheme

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Psychology

Higher level and standard level

Paper 2

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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 **one or more** clinical biases in diagnosis. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

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

Examples of clinical biases may include but are not limited to:
- societal norms
- use of classification systems (e.g. DSM, ICD)
- cultural/gender bias
- clinician and patient variables (e.g. reporting bias, somatization)
- confirmation bias, illusory correlation, anchoring effect

Relevant studies may include but are not limited to:
- Rosenhan’s (1973) study on the validity and reliability of diagnosis
- Kleinmann’s (1984) study on cultural differences in the diagnosis of depression in the Chinese population
- Beck et al.’s (1962) study on the reliability of diagnosis between two psychiatrists
- Cooper et al.’s (1972) study on location and diagnosis
- Rück et al.’s (2014) study on the validity and reliability of chronic tic disorder and obsessive-compulsive disorder diagnoses in the Swedish National Patient Register
- Di Nardo et al.’s (1993) study on the reliability of the DSM III for the diagnosis of anxiety disorders
- Lipton and Simon’s (1985) study on the reliability of diagnosis for schizophrenia and mood disorders
- Friedlander and Stockman’s (1983) study to determine the role of anchoring bias in diagnosis
- Li-Repac’s (1980) study on biases in diagnosis.

Discussion may include but is not limited to:
- Supporting and/or contradictory evidence
- Ethical consequences of biased diagnosis
- Methodological considerations related to the role of clinical biases in diagnosis
- Possible consequences of biases on validity/reliability of diagnosis
- Ethical implications of biases in diagnosis

Students may discuss the role of one clinical bias in order to demonstrate depth of knowledge or may discuss the role of a larger number of clinical biases in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

2. Discuss **one or more** explanations for **one or more** disorders. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires students to offer a considered review of the chosen explanation(s) for one or more disorders.

Explanations for disorders may include but are not limited to:

- biological explanations, such as neurological/neurochemical explanations, the role of genes, or the role of brain abnormalities
- cognitive explanations such as maladaptive schemas, rumination etc.
- sociocultural explanations such as cultural norms, vulnerability models

Relevant studies may include but are not limited to:

- Caspi et al.’s (2003) study on gene and environment interaction in depression
- Weissman et al.’s (2005) kinship study on depression
- Brown and Harris’s (1978) study on sociocultural factors in vulnerability to depression
- Gilbertson et al.’s (2002) study on the hippocampus and PTSD in veterans
- Hitchcock et al.’s (2015) study on cognitive appraisal in PTSD
- Strober et al.’s (2000) study on genes and eating disorders
- Tchanturia et al.’s (2011) study on cognitive flexibility as a specific type of cognitive style and anorexia nervosa
- Jaeger et al.’s (2002) cross-cultural study on the relationship between body dissatisfaction and the development of bulimia.

Discussion points may include but are not limited to:

- alternative explanations
- practical applications and implications of the findings
- cultural and gender considerations
- methodological and ethical considerations related to explanations of disorders
- supporting and/or contradictory findings
- nature verses nurture
- holism vs reductionism
- combination of explanations integrating various approaches
- comparative analysis of two explanations

Students may address one explanation/disorder to demonstrate depth of knowledge or may address a larger number of explanations/disorders to demonstrate breadth of knowledge. Both approaches are acceptable

3. Discuss **one** biological treatment **and one** psychological treatment for **one or more** disorders. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires students to offer a considered review of one biological treatment and one psychological treatment for one or more disorders.

Biological treatment could include but is not limited to:
- drug therapy
- electroconvulsive therapy (ECT)
- brain stimulation.

Psychological treatment could include but is not limited to:
- interpersonal therapy (IPT)
- cognitive behavioural therapy (CBT)
- exposure therapy, e.g. systematic desensitization
- virtual reality therapy (VRT)
- mindfulness-based cognitive therapy (MBCT)
- group therapy.

Relevant studies may include but are not limited to:
- Geddes et al.'s (2003) study on antidepressant drugs to treat depression and prevent relapse
- MacNamara *et al*.'s (2016) study on the effectiveness of SSRIs for PTSD
- Mason and Hargreaves's (2001) qualitative investigation into the effectiveness of MBCT
- Butler *et al*.'s (2006) review of meta-analysis related to CBT efficacy
- Hodges and Oei's (2007) discussion of the applicability of CBT to Chinese culture
- Parsons and Rizzo's (2008) meta-analysis into the effectiveness of VRT for PTSD
- McLay *et al*.'s (2011) assessment of the effectiveness of VRT for PTSD.

Discussion may include but is not limited to:
- methodological and ethical considerations related to the treatments of disorders
- how the findings of research have been interpreted
- practical applications of the research
- implications of the findings
- assumptions and biases
- side effects
- cost-effectiveness
- supporting and/or contradictory evidence
- comparing and/or contrasting the two different treatments
- comparing with other treatments.

If a student discusses more than one biological treatment and/or more than one psychological treatment, credit should be given only to the first biological and/or first psychological treatment.

If the student provides only a discussion of one treatment for one or more disorders, the response should be awarded up to **[3]** for criterion B. All remaining criteria should be awarded marks according to the best fit approach.

Responses may refer to an interactionist approach or a biopsychosocial approach to treatment. These responses might refer to the interactionist approach as one treatment or argue that two treatments are used for helping patients with a disorder. Both approaches are equally acceptable and can be credited up to full marks.

Treatment can be discussed in a general way, e.g. drug treatments as a whole, or be focused on specific interventions such as e.g. SSRI. Both approaches are equally acceptable.

Students may discuss one disorder to demonstrate depth of knowledge or may address a larger number of disorders to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Developmental psychology

4. To what extent does poverty **and/or** socio-economic status influence cognitive **and/or** social development? **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "to what extent" requires students to consider the effect(s) of poverty and/or socio-economic status on cognitive and/or social development.

In order to respond to the command term "to what extent", it is appropriate and useful for students to address other factors (e.g. protective factors) that may influence cognitive and/or social development.

Relevant research may include but is not limited to:

- (Bhoomika) Kar et al.'s (2008) research on the effect of malnutrition on cognitive performance in Indian children
- Wertheimer's (2003) research on the correlation between academic achievement and living in poor families
- Schoon's (2002) longitudinal study investigating the long-term effect of poverty on academic achievement and attainment in adult life
- Russell et al.'s (2008) research on the influence of poverty on parenting
- Turnbull's (1972) research on the link between poverty and pro-social behaviour
- Bernstein's (1971) research on the influence of socio-economic status on the use of language in children
- Farah et al.'s (2008) study on the relationship between environmental stimulation and parental nurturing and its effect on cognitive development.

When responding to the command term "to what extent", considerations may include, but are not limited to:

- degree of empirical support
- methodological considerations related to the extent to which poverty and/or socio-economic status influence cognitive and/or social development
- operationalization of variables, correlational data, self-reports
- how the findings of research have been interpreted and applied
- implications and practical applications of the findings
- the accuracy and clarity of the underlying concepts
- cultural and/or gender considerations
- supporting and/or contradictory evidence
- alternative explanations or factors
- bidirectionality of influence
- cultural/sub-cultural influences

Students may address one or a small number of potential influences of poverty/socio-economic status to demonstrate depth of knowledge or may address a larger number of potential influences of poverty/socio-economic status to demonstrate breadth of knowledge. Both approaches are equally acceptable.

5. Discuss **one or more** theories of attachment.
[22]

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires students to offer a considered review of one or more theories of attachment.

Relevant theories may include but are not limited to:
- Bowlby's evolutionary theory of attachment
- Ainsworth's theory of attachment styles
- Schaffer's theory of attachment stages
- Kagan's temperament theory of attachment
- Freud's psychodynamic theory
- learning theory of attachment.

Relevant research studies may include but are not limited to:
- Rutter *et al.*'s (2004) study on attachment disorder
- Cockett and Tripp's (1994) study on long-term attachment deprivation effects
- Ainsworth *et al.* (1978); Ainsworth's (1969) cross-cultural studies
- Schaffer and Emerson's (1964) study on stages of attachment
- Hodges and Tizard's (1989) study on the effect of early institutionalization
- Pederson *et al*. (1990); Main's (1981) studies on the mother's behaviour and secure attachment
- Blehar *et al*.'s (1977) study investigating how early mother–infant play predicts attachment patterns
- Hamilton's (2000) longitudinal study examining if attachment security is stable throughout childhood and adolescence
- Hazan and Shaver's (1987) study on continuity in attachment patterns in romantic love.

Discussion may include but is not limited to:
- methodological and ethical considerations related to the discussion of theories of attachment
- how the findings of research have been interpreted and applied
- the accuracy and clarity of the concepts underlying the theories of attachment
- practical applications and implication of the findings
- supporting and/or contradictory evidence
- alternative theories/explanations
- a combination of explanations integrating various approaches
- comparative analysis of two theories

Responses referring to research of animals, such as Harlow's study of rhesus monkeys or Lorenz's study of imprinting should be linked to attachment in humans. Responses that do not explicitly make any link to human behaviour should be awarded up to a maximum of **[3]** for criterion C: use of research to support the answer. All remaining criteria should be awarded marks according to best fit.

Students may address one theory of attachment to demonstrate depth of knowledge or may address a larger number of theories of attachment to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Students could discuss theories in a general way, e.g. evolutionary or discuss more specific theories of attachment. Both approaches are equally acceptable.

6. Evaluate **one or more** research methods used to investigate how humans develop as learners. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "evaluate" requires students to make an appraisal of one or more research methods used to investigate how humans develop as learners 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.

Students may evaluate research methods investigating specific aspects of cognitive/brain development (for example memory, intelligence, language or attention) or evaluate research methods investigating cognitive/brain development in general. Both approaches are equally acceptable.

Students may address the different research methods and their application – for example, a covert or naturalistic observation but the focus should be on the nature of the research method and the reason for using it in the investigation of behaviour.

Relevant research methods could include but are not limited to:
- interviews
- naturalistic observations
- correlational studies
- case studies
- experiments
- meta-analyses
- surveys.

Relevant research studies may include but are not limited to:
- Waber (2007); Giedd (2004); Chugani *et al*.'s (2001) correlational studies on the effects of maturation of the nervous system on cognitive development
- Cowell *et al*. (2006); Corky's (1997) correlational studies on brain damage and memory deficits
- Deary *et al*. (2006); Bouchard *et al*.'s (1990) correlational studies on genetic inheritance in intelligence
- Wolf *et al*.'s (2001) experimental study on cortisol and memory deficits in the elderly
- Baillargeon's (1986) lab experiment on object permanence
- Nichols (1996) lab experiment on social interaction as a key to development and learning.

Evaluation 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)
- comparing methods
- possible theoretical assumptions and/or biases in relation to the chosen method
- the issues of validity and reliability
- correlation vs causation
- the generalizability of findings
- the use of alternative methods
- discussing how multiple methods complement each other (triangulation)
- ethical considerations related to how/why a research method was chosen and applied

In questions that ask for evaluation of one or more research methods, in criterion A we assess to what extent is the response focused on the question. Responses that are generic, lack a focus on the specific question and seem as pre-prepared essays of relevance to the general topic (but not to evaluation of one or more research methods) should be awarded [0] for this criterion. If the response identifies which research methods will be evaluated but there is also extra information

that is not relevant or necessary for the specific question then [1] should be awarded. Responses that are clearly focused on evaluating one or more research methods should be awarded [2].

Marks for criterion B should be awarded as follows:
- 1–2 General knowledge of topic (development as a learner)
- 3–4 Knowledge of general research terms and concepts is provided but lacks detail. Some minor errors might be present
- 5–6 Relevant knowledge of specific research methods material is utilized and concepts are defined within the context of the specific study.

Marks awarded for criterion C assess the quality of the description of a study/studies and how well the student linked aspects of the study to the question.

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.

Candidates may discuss one research method in order to demonstrate depth of knowledge, or may discuss a larger number of research methods in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Health psychology

7. Evaluate **one or more** studies related to the biopsychosocial model of health and well-being. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "evaluate" requires students to make an appraisal by weighing up the strengths and limitations of one or more studies related to 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.

Relevant studies may include but are not limited to:
- Olson and Strawderman's (2003) study investigating how the biopsychosocial model predicts gestational weight gain
- Nguyen et al.'s (2016) study on the biopsychosocial approach to the treatment of obesity
- 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
- Steptoe and Marmot's (2003) study looking at differences in stress responses
- Wangensteen and Hystad's (2022) study on the biopsychosocial approach to understanding and treating addiction.

Evaluation of selected studies may include but is not limited to:
- methodological and ethical considerations related to the studies investigating the biopsychosocial model of health and well-being
- supporting and/or contrary findings
- cultural and/or gender considerations
- the application and/or implications of the findings
- the issues of validity and reliability of research
- the generalizability of findings
- the use of alternative/additional methods (triangulation)
- how the findings of research have been interpreted.

If the student 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.

In questions that ask for evaluation of studies, in criterion A we assess to what extent is the response focused on the question. Responses that are generic, lack a focus on the specific question and seem as pre-prepared essays of relevance to the general topic (but not to evaluation of one or more studies) should be awarded **[0]** for this criterion. If the response identifies which studies will be evaluated but there is also extra information that is not relevant or necessary for the specific question then **[1]** should be awarded. Responses that are clearly focused on evaluating one or more studies should be awarded **[2]**.

Marks awarded for criterion B should refer to definitions of terms and concepts. Overall this could include some knowledge of topic but more specifically knowledge and understanding related to research methods and ethics of chosen studies.

Marks for criterion B should be awarded as follows:
- 1–2 General knowledge of topic (biopsychosocial model)
- 3–4 Knowledge of general research terms and concepts is provided but lacks detail. Some minor errors might be present
- 5–6 Relevant knowledge of specific research methods material is utilized and concepts are defined within the context of the specific study.

Marks awarded for criterion C assess the quality of the description of as study/studies and assess how well the student linked the findings of the study to the question - this doesn't have to be very sophisticated or long for these questions but still the aim or the conclusion should be linked to the topic of the specific question.

Criterion D assesses how well the student is explaining strengths and limitations of the study/studies.

8. Discuss prevalence rates of **one or more** health problems.
[22]

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires students to make a considered review of prevalence rates, using one or more health problems as examples. Students may refer to different types of prevalence: point, or period or life-time prevalence.

Prevalence rates refer to the proportion of a population who have a specific characteristic at any given time. Prevalence rates can be influenced by cultural, gender and lifestyle factors.

Students may discuss prevalence rates of specific health problems (for example, stress, addiction, obesity, chronic pain, sexual health), or discuss prevalence rates of health problems in general. Both approaches are equally acceptable.

Relevant research may include but is not limited to:
- Kamen and Seligman's (1987) longitudinal study of attributional style and health level
- Thoits's (1995) review of studies of gender prevalence in giving and receiving social support for coping with stress
- Charlton's (1984) survey of attitudes toward smoking and enjoyment based on cognitive and sociocultural factors
- Stunkard *et al*.'s (1990) correlational study comparing genetic and environmental factors in obesity
- Kolodny *et al*.'s (2015) review of the opioid and heroin crisis in the USA
- Jordan *et al*.'s (2017) review and meta-analysis of prevalence of prescription opioid misuse among under-30s in the USA.

Critical discussion may include but is not limited to:
- methodological and ethical considerations in relation to investigating prevalence rates in health problems
- how the findings of research have been interpreted and applied
- implications of the findings

- age, gender and/or cultural considerations
- the impact of lifestyle (e.g. diet, exercise, sleep, relationships) on prevalence rates
- the impact of socioeconomic status on prevalence rates
- the impact of psychological issues linked to one or more health problems.
- Practical applications/real-world implications.

Responses solely focusing on prevalence rates of mental health issues with no explicit link to health problems should be awarded as follows:
- Criterion A: The question is not addressed – **[0]**
- Criterion B: Knowledge and understanding is not linked to the question – up to a maximum of **[2]**
- Criterion C: Studies are not used to address the question – up to a maximum of **[2]**
- Criterion D and E: The whole range of marks can be awarded.

However, if mental health disorders (e.g. anxiety, depression) are discussed as a factor arising from or related to health problems (e.g. stress, obesity) a full range of marks can be awarded for all criteria.

Students may discuss prevalence rates of one health problem in order to demonstrate depth of knowledge or may discuss prevalence rates of a larger number of health problems in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

9. Discuss **one or more** ethical considerations related to promoting health.
[22]

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires the student to offer a considered review of ethical considerations related to promoting health.

Ethical considerations may be positive (what guidelines were followed) or negative (what guidelines were not followed) or a combination of both.

Relevant ethical considerations discussed may include but are not limited to:
- cultural factors (e.g. stereotypes/stigmas/beliefs) affecting the ethics of health promotion
- the accuracy and validity of the research used to develop health promotion such as “Fear-arousal factors” that are designed to scare people into healthy behaviours
- using deception to promote health
- anonymity and/or confidentiality in the collection of data
- changes over time in adherence to ethical standards/guidelines
- decisions as to why certain ethical standards were/were not considered
- unequal access of health services
- social sensitivity issues related to research.

Relevant studies include but are not limited to:
- Job’s (1988) study on effective and ineffective use of fear in health promotion programmes
- Ruiter *et al*.’s (2014) review of research on fear appeal in promoting health
- Carter *et al.*’s (2011) study on evidence, ethics and values in promoting health
- Wallace and Forman’s (1998) study on religion’s role in promoting health among American youths.

If a student provides minimal information about ethical considerations related to promoting health and focuses on promotion of mental health, or addresses ethical issues related to research, the response should be awarded up to a maximum of **[2]** for criterion B.

If a student provides general evaluation of studies, but does not focus on ethical considerations related to promoting health, the response should be awarded up to a maximum of **[2]** for criterion D.

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

Psychology of human relationships

10. Discuss **one or more** factors that may affect the formation of personal relationships. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires students to offer a considered review of the formation of personal relationships. Students may address specific types of personal relationships (e.g. romantic, peer, family) or personal relationships in general. Both approaches are equally acceptable.

Students may refer to factors including but not limited to:

- socio-economic factors
- learning factors (e.g. experiences in past relationships)
- cognitive factors (fatal attraction theory, internal working model)
- evolutionary factors; biological factors
- cultural and gender roles
- online dating
- communication (social penetration theory).

Relevant studies may include but are not limited to:

- Flora and Segrin's (2003) study on the role of communication and perception in relationship dynamics, where findings tended to indicate that different factors predict relationship success depending on the stage of the relationship
- Wedekind's (1995) experiment on mate preference based on genetic makeup
- Fisher et al.'s (2005) fMRI investigation into neural mechanisms of mate choice
- Johnston et al.'s (2001) experiments investigating the importance of a woman's hormonal state on the attractiveness of men's faces
- Buss et al.'s (1989) cross-cultural study on factors in attraction
- Morry (2005); Markey and Markey's (2007) investigation into the attraction-similarity hypothesis
- Taylor et al.'s (2011) study testing Matching Hypothesis in the real world
- Gupta and Singh's (1982) study using interviews on arranged marriages in Indian couples
- Markey and Markey (2007) – similarity in romantic partners
- Dion et al. (1972) – physical attractiveness stereotype
- Festinger et al. (1950) – proximity and relationship formation

Discussion may include but is not limited to:

- methodological and ethical considerations related to one or more factors that may affect the formation of personal relationships
- cultural and/or gender considerations
- how the findings of the research have been interpreted and applied
- implications of the findings
- assumptions and biases
- free will vs determinism
- reductionism vs holism
- nature vs nurture
- supporting and/or contradictory evidence
- generalizability of the findings
- alternative explanations
- comparing/contrasting of different factors' effects

Students may consider one factor to demonstrate depth of knowledge or may consider a larger number of factors to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Responses that focus specifically on maintenance and/or dissolution of relationships and make no reference to formation of relationships should not be awarded marks. However, it could be appropriate to discuss how factors that affect the formation of relationship may affect the maintenance and change of a relationship (e.g. according to fatal attraction theory the factors that bring us together are likely to cause the breakup of the relationship later on). For these responses a full range of marks can be awarded for all criteria.

11. Discuss **one or more** studies investigating the origins of conflict **and/or** conflict resolution. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires students to offer a considered review of one or more studies investigating the origins of conflict and/or conflict resolution. Students may focus on the origins of conflict, conflict resolution or the relationship between the two.

Relevant studies may include but are not limited to:
- Sherif *et al*.’s (1961) field experiment on competition and conflict resolution between groups
- Chambers and De Dreu’s (2014) study on conflict and negotiation
- Sternberg and Dobson’s (1987) study on resolution of interpersonal conflicts
- Sternberg and Soriano’s (1984) study on styles of conflict resolution
- Burton-Chellew, Ross-Gillespie and West’s (2010) study on how competition causes cooperation
- Paluck and Green’s (2009) meta-analysis which showed that cooperative learning leads to positive peer relationships.

Other studies may be used provided the link to conflict and/or conflict resolution is explicit (e.g. if Tajfel and Turner's study on SIT is used responses need to explicitly state that the findings suggest that when individuals identify with a group, they are likely to develop biased attitudes favoring their in-group and discriminating against out-groups which will likely lead to conflict).

Discussion may include but is not limited to:
- methodological and ethical considerations related to studies investigating the origins of conflict and/or conflict resolution
- cultural and/or gender considerations
- how the findings of the research have been interpreted and applied
- implications of the findings
- the issues of validity and reliability of research
- assumptions and biases
- supporting and/or contradictory evidence
- generalizability of the findings.
- Practical applications/real-world implications

Marks awarded for criterion B should refer to definitions of terms and concepts. Overall this could include some knowledge of topic but more specifically knowledge and understanding related to research methods and ethics of chosen studies.

Marks for criterion B should be awarded as follows:
- 1–2 General knowledge of topic (prejudice and/or discrimination)
- 3–4 Knowledge of general research terms and concepts is provided but lacks detail. Some minor errors might be present
- 5–6 Relevant knowledge of specific research methods material is utilized and concepts are defined within the context of the specific study.

Marks awarded for criterion C assess the quality of the description of a study/studies and assess how well the student linked the findings of the study to the question - this doesn't have to be very sophisticated or long for these questions but still the aim or the conclusion should be linked to the topic of the specific question.

Criterion D assesses how well the student is explaining strengths and limitations of the study/studies.

Students may discuss one study to demonstrate depth of knowledge or may consider more studies to demonstrate breadth of knowledge. Both approaches are equally acceptable.

12. Discuss prosocial behaviour. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires students to offer a considered review of prosocial behaviour.

Responses may refer to factors and/or theories related to prosocial behaviour including but not limited to:

- Dawkins' selfish gene theory
- kin selection theory
- Trivers's reciprocal altruism theory
- Cialdini's negative-state relief model
- Batson's empathy-altruism model
- promotion of prosocial behaviour.

Relevant studies may include but are not limited to:

- Piliavin et al.'s (1969) field experiment on factors involved in helping behaviour
- Whiting and Whiting's (1979) comparison of prosocial behaviour in six cultures as a result of child-rearing practices
- Batson et al.'s (1981) experiment on participants' motivation to help if they could escape based on the empathy-altruism theory
- Oliner and Oliner's (1998) study on dispositional factors and personal norms in prosocial behaviour in relation to rescuing Jews during the Second World War
- Miller et al.'s (1990) study on the influence of cultural norms and moral values on perceptions of social responsibility
- Levine et al.'s (2001) study investigating cross-cultural differences in helping behaviour
- Aknin et al.'s (2013) cross-cultural study on prosocial behaviour spending and well-being
- Crockett et al.'s (2010) study on the effect of serotonin on prosocial behaviour
- Madsen et al.'s (2007) study on the role of biological kinship in altruistic behaviour
- Paluck, E.L. (2009), "Reducing intergroup prejudice and conflict using the media: A field experiment in Rwanda".

Discussion may include but it is not limited to:

- methodological and ethical considerations related to prosocial behaviour
- how the findings of research have been interpreted and applied
- practical applications and implications of the findings
- the accuracy and clarity of the concepts
- the productivity of the theories/explanations/factors in generating psychological research
- assumptions and biases
- reductionism vs holism
- supporting and/or contradictory evidence
- alternative theories/explanations.

Students may consider a small number of factors and/or theories to demonstrate depth of knowledge or may consider a larger number of factors and/or theories to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Responses solely focusing on by-standerism with no explicit link to prosocial behaviour should be awarded as follows:

- Criterion A: The question is not addressed – **[0]**
- Criterion B: Knowledge and understanding is not linked to the question – up to a maximum of **[2]**

- Criterion C: Studies are not used to address the question – up to a maximum of **[2]**
- Criterion D and E: The whole range of marks can be awarded.

However, if by-standerism is discussed and linked to prosocial behaviour the full range of marks can potentially be awarded for all criteria.