

Markscheme

May 2025

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. To what extent do **two or more** clinical biases influence diagnosis?

[22]

Refer to the paper 2 assessment criteria when awarding marks.

The command term “to what extent” requires candidates to consider the contribution of two or more clinical biases as factors in diagnosis.

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

- confirmation bias
- racial/ethnic/cultural/gender considerations and bias
- observer expectancy effect (e.g. reporting bias)
- sick note bias
- anchoring bias
- illusory correlation bias.

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.

Discussion points may include, but are not limited to:

- Degree of empirical support
- Contradictory explanations or findings
- Methodological considerations
- Issues of validity and reliability
- Generalizability of findings.

If a candidate addresses only one clinical bias 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.

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

2. Contrast **one** psychological treatment with **one** biological treatment for **one or more** disorders. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term “contrast” requires candidates to give an account of the **differences** between one biological treatment and one psychological treatment for one or more psychological disorders, referring to both of them throughout.

Psychological treatment could include, but is not limited to:

- Interpersonal Therapy (IPT)
- Cognitive Behavioural Therapy (CBT)
- Exposure and Systematic desensitization
- Virtual Reality Therapy (VRT)
- Mindfulness-based Cognitive Therapy (MBCT).

Biological treatment could include, but is not limited to:

- drug therapy
- electroconvulsive therapy (ECT)
- brain stimulation.

Relevant studies may include, but are not limited to:

- Mason and Hargreaves’s (2011) qualitative investigation into the effectiveness of MBCT on depression
- 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
- McLay *et al.*’s (2011) assessment of the effectiveness of VRT for post-traumatic stress disorder (PTSD)
- Kellner *et al.*’s (2020) study on ECT in treatment-resistant depression
- MacNamara *et al.*’s (2016) studying the effectiveness of SSRIs for PTSD
- Baker *et al.*’s (2007) deep brain stimulation for obsessive-compulsive disorder.

Discussion may include, but is not limited to:

- the effectiveness of the chosen treatment(s)
- the assumptions about etiology upon which the treatment is based with regard to the chosen disorder
- culture, gender, ethical, and/or practical considerations related to the use of treatment of the chosen disorder
- implications of the findings
- supporting and/or contradictory evidence
- advantages and disadvantages of the treatment (this could include contrasting with other treatments of either type).

If the candidate provides only an implicit contrast, the response should be awarded up to a maximum of **[2]** for criterion D: critical thinking. All remaining criteria should be awarded marks according to the best fit approach.

Candidates may contrast treatment of one disorder in order to demonstrate depth of knowledge, or may contrast treatment of a larger number of disorders in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

If candidate offers more than one psychological or biological treatment for a specified disorder then credit should be awarded only to the first psychological or biological treatment, unless it is used as contrast discussion (criterion D).

3. Evaluate one or more studies investigating prevalence rates of one or more disorders. [22]

Refer to the paper 2 assessment criteria when awarding marks.

The command term “evaluate” requires the candidate to make an appraisal of one or more studies investigating prevalence rates of one or more psychological disorders by weighing up the strengths and limitations of the selected study or studies. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks. The focus of the evaluation should be upon the study/studies, not on the prevalence rates of psychological disorders. Studies must be focused on prevalence rates to be creditworthy.

Relevant studies may include, but are not limited to:

- Brown and Harris’s (1977) study of gender vulnerability to depression
- Makino *et al.*’s (2004) study regarding the prevalence of eating disorders in Western and non-Western countries
- Weisman *et al.*’s (1995) study regarding the cross-cultural variation in depression rates
- Garrison *et al.* (1995) investigating the incidence of PTSD in adolescents after Hurricane Andrew
- Dutton’s (2009) study of cultural variation in the prevalence of major depression
- Nolen-Hoeksema’s (2001) study of gender rates in depression
- Piccinelli and Wilkinson’s (2000) study of gender differences in depression.

Evaluation of the selected study/studies may include, but is not limited to:

- methodological and ethical considerations
- cultural and gender considerations
- supporting and/or contradictory findings
- the applications of the empirical findings
- how findings have been interpreted
- implications of the findings.

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.

In questions that ask for evaluation of studies, in criterion A, the extent to which the response is focused on the question is assessed. 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]**. 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 gain **[2]**.

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

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.

Candidates may evaluate one study in order to demonstrate depth of knowledge, or may evaluate a larger number of studies in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Developmental psychology

4. To what extent do sociocultural factors influence the development of identity? **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term "to what extent" requires candidates to consider the contribution of sociocultural factors in the development of identity. It is appropriate and useful for candidates to address the influence of biological and cognitive factors in the development of identity in order to respond to the command term "to what extent".

Sociocultural factors influencing identity development may include, but are not limited to:

- family influences on identity development
- the role of culture in identity development
- the ethnic aspect of identity development
- gender and identity development
- social class and identity development
- social identity and identity development.

Research studies may include, but are not limited to:

- Marcia (1980) family influences on identity development in adolescence
- Erikson's (1968) research on culture, race, ethnicity and identity
- Phinney's (1989) study on ethnic identities of minority groups
- Gilligan (1990) study on gender and identity development
- Tajfel and Turner (1979) research on social identity and identity development
- Gee and Crawford, (1998) research on language, social class and identity

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

5. Discuss the impact of childhood trauma on cognitive and/or social development. **[22]**

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to give a considered review of the influence of childhood trauma on cognitive and/or social development.

Relevant studies include, but are not limited to:

- Curtiss’s (1977; 1981) case studies on Genie
- Gould et al.’s (2011) study on the effects of child abuse and neglect on cognitive functioning in adulthood
- Milojevich et al.’s (2018) study on associations among maltreatment, disengagement coping, and behavioural functioning in high-risk youth
- Rutter et al.’s (2011) study on the consequences of deprivation in Romanian orphans
- Koluchova’s (1972; 1976) case studies showing the possibility of reversing the effects of deprivation
- Zeanah et al.’s (2005) Bucharest early intervention project on the effects of institutionalization on children
- Werner’s (2005) study on the effect of a series of different stressors and traumatic events.

Discussion may include, but is not limited to:

- long-term/short-term effects of childhood trauma
- methodological and ethical considerations
- gender and cultural considerations
- practical applications and implications of the findings
- assumptions and biases
- supporting and/or contradictory evidence
- alternative explanations or factors (e.g., resilience).

Candidates may consider the impact of childhood trauma on only cognitive development or on only social development in order to demonstrate depth of knowledge, or may consider the impact of childhood trauma on both in order to demonstrate breadth of knowledge. Both approaches are equally acceptable

6. Discuss **one or more** studies investigating cognitive development.

[22]

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 of cognitive development.

Relevant studies may include, but are not limited to:

- Piaget and Inhelder's (1956) three mountain study
- Bower and Wishart's (1977) study on object permanence
- Samuel and Bryant's (1984) study on conservation experiment
- Chi's (1978) study on processing skills
- Giedd's (2004) MRI studies on normal brain development
- Saxe et al.'s (1987) study on the zone of proximal development
- Wood et al.'s (1976) study on the role of tutoring in problem solving.

Discussion may include, but is not limited to:

- methodological and ethical considerations related to the research into cognitive development
- how the findings of research have been interpreted and applied
- implications of the findings
- assumptions and biases
- supporting and/or contradictory evidence
- practical applications and real-world implications.

Candidates may discuss one study of cognitive development to demonstrate depth of knowledge or may discuss a larger number of studies of cognitive development to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Candidates may use theory of mind or moral development theory in response to this question. It can be considered creditworthy if linked specifically to cognitive theory and development.

In questions that ask for discussion 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 discussion of one or more studies) should be awarded [0] for this criterion. If the response identifies which studies will be discussed 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 discussing 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 the 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 (description and explanation of cognitive development)
- 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 the 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.

Health psychology

7. To what extent do dispositional factors determine health? [22]

Refer to the paper 2 assessment criteria when awarding marks.

The command term “to what extent” requires candidates to consider the influence that dispositional factors have on health.

Dispositional factors are internal factors, such as genetics and personality (eg optimism, resilience, cognitive styles) that can affect our health.

Relevant research may include, but is not limited to:

- Setiawan et al.’s (2013) study on the role of personality traits on alcoholism
- Knight et al.’s (2002) impact of gender on alcoholism
- Kendler and Prescott’s (1998) study on the role of genetics on addiction
- Yan et al.’s (2014) study on the interaction of stress, personality, family functioning and internet addiction
- Sorensen et al.’s (1998) study on the role of genetics on obesity
- Ingledew and Ferguson’s (2007) study on the role of personality in predicting safer sex.

Considerations may include, but are not limited to:

- degree of empirical support
- methodological considerations
- cultural and/or gender considerations
- possible theoretical assumptions and/or biases
- measures used to assess dispositional factors and health outcomes
- free will and determinism
- generalizability of findings
- contradictory explanations or findings.

It is appropriate and useful for candidates to address other relevant factors (i.e. situational factors) in order to respond to the command term “to what extent”.

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

If a candidate only focuses on explanations of mental health issues with no explicit link to health problems the response should be awarded up to a maximum of **[2]** for criterion B. All remaining criteria should be awarded marks according to the best fit approach. However, if candidates address mental health issues and link these to physical health this approach is appropriate and can gain up to full marks.

8. Contrast **two** explanations of **one or more** health problems.

[22]

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 health problems, referring to both of them throughout.

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

If a candidate only focuses on explanations of mental health issues with no explicit link to health problems the response should be awarded up to a maximum of [2] for criterion B. All remaining criteria should be awarded marks according to the best fit approach.

Relevant explanations to contrast may include, but are not limited to:

- sociocultural
- biological
- theory of planned behaviour
- biopsychosocial model
- stress and coping theory: chronic stress is linked to various health problems, including cardiovascular disease, obesity, and immune dysfunction
- social cognitive theory (SCT)
- health belief model
- cognitive behavioural model
- personality and dispositional factors.

Relevant studies may include, but are not limited to:

- DiFranza et al.’s (2005) study on biological factors in adolescents’ smoking history and addiction
- Powel and Chaloupka’s (2003) study on the role of parental influences on the probability of youth smoking
- Unger et al.’s (2001) study on adolescent smoking considering the peer factor as well as individualistic and collectivistic cultures
- Volkow et al.’s (2002) study of obese individuals indicating one possible explanation of overweight (support of the theory of compulsive overeating)
- Prentice and Jebb’s (1995) study on increase in obesity and car ownership and television viewing
- Teevale et al.’s (2010) study on the role of sociocultural factors in obesity in Pacific adolescents and their parents.
- Volkow et al.’s (2019) study on chronic drug exposure and how it alters dopamine pathways, leading to compulsive drug-seeking behaviour and impaired self-regulation.

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

- effectiveness of explanations
- degree of research evidence
- methodological and ethical considerations of supporting research
- practical applications
- assumptions and biases of explanations of health problems
- implications of findings
- the issue of reductionism versus holism.

If a candidate contrasts more than two explanations for one or more health problems credit should be given only to the first two explanations.

If a candidate addresses only one explanation for one or more health problems, 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.

If the candidate provides only an implicit contrast, the response should be awarded up to a maximum of **[2]** for criterion D: critical thinking. All remaining criteria should be awarded marks according to the best fit approach.

Candidates may address one health problem to demonstrate depth of knowledge, or may address a larger number of health problems to demonstrate breadth of knowledge. Both approaches are equally acceptable.

9. Discuss **one or more** research methods used to investigate the promotion of health. [22]

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 research methods used to investigate the promotion of health.

Relevant research methods could include, but are not limited to

- experiments
- correlational studies
- case studies
- interviews (e.g. semi-structured)
- surveys
- meta-analyses.

Relevant studies relating to health promotion may include, but are not limited to:

- Golechha’s (2016) meta-analysis on health promotion methods for smoking prevention and cessation
- Li et al.’s (2015) meta-analysis on health promotion interventions and policies addressing excessive alcohol use
- Langford et al.’s (2015) meta-analysis on effectiveness of the health promoting schools’ framework
- Lowe et al.’s (2004) case study on “food dudes” programme
- Sanderson and Yopyk’s (2007) experiment on promoting condom use
- Black et al.’s (2010) experiment on effectiveness of Challenge! health promotion model.

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)
- cultural and/or gender considerations
- comparing methods (for example, meta-analyses versus experiments)
- assumptions and biases in the research method
- the issues of validity, reliability and causality
- the issues of generalizability of findings
- the ease and cost of procedures
- the value of the empirical evidence generated by the research method
- short-term versus long-term effects of promotions of health
- ethical considerations related to how/why research method has been chosen and applied
- discussing how multiple methods complement each other (triangulation).

The question asks for a discussion of one or more research methods, marks awarded for criterion B should refer to definitions of terms and concepts relevant to the research methodology.

For questions asking for discussion of research methods, marks awarded for criterion B should refer to definitions of terms and concepts relevant for research methodology.

Marks for criterion B should be awarded as follows:

- 1–2 General knowledge of topic (promotion of health)
- 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 candidate linked aspects of the study to the question.

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.

For studies where there may be more than one research method, candidates should not be penalized for discussing one of the research methods other than the main research method.

Psychology of human relationships

10. Discuss the formation of personal relationships.

[22]

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of the formation of personal relationships.

Candidates may refer to issues including, but not limited to:

- explanations of formation of personal relationships (learning, cognitive, evolutionary, economic, cultural)
- factors influencing the formation of personal relationships (communication)
- gender differences related to formation of personal relationships
- cultural differences related to formation of personal relationships.

Attraction and/or liking can also be addressed, as long they are tied to formation of relationships. Responses referring to studies on maintenance, changes, dissolution or end of a relationship are not acceptable and should not be credited.

Relevant studies may include, but are not limited to:

- Flora and Segrin's 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) study on mate preference based on genetic makeup
- Fisher et al.'s (2005) study on neural mechanisms of mate choice
- Johnston et al.'s (2001) study 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's (2005) study on the attraction–similarity hypothesis
- Gupta and Singh's (1982) study 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 the research into the formation of personal relationships
- how the findings of research have been interpreted and applied
- implications of the findings
- assumptions and biases
- areas of uncertainty
- supporting and/or contradictory evidence
- alternative explanations.

Responses that focus specifically on how relationships change and/or end and make no reference to formation of relationships are not eligible for credit. However, it is appropriate to discuss how factors that affect the formation of relationships 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 the full range of marks can be awarded for all criteria.

11. Discuss **one or more** ethical considerations in studies investigating group dynamics. **[22]**

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 ethical considerations in studies investigating group dynamics.

The ethical consideration(s) discussed can be a guideline that was adhered to in the study (what guidelines were or could be followed) or a guideline that was breached (what guidelines were not followed).

Discussion of ethical considerations may include, but are not limited to:

- the role of informed consent when studying groups
- why deception is often used in studies of group dynamics
- the difficulties of ensuring confidentiality in social psychology research, especially in the study of group dynamics
- the potential for psychological and physical harm and associated restrictions on research design
- decisions as to why certain ethical guidelines were or were not followed
- changes over time in adherence to ethical standards/guidelines
- considerations in applying the findings of a study.

Relevant studies may include, but are not limited to:

- Sherif’s (1966) field experiment on competition in groups – informed parental consent
- Lyons-Padilla et al.’s (2015) survey investigating relationships between cultural identity, experiences of discrimination, and attitudes towards extremism – informed consent, anonymity and confidentiality
- Sternberg and Dobson’s (1987) study on resolution of interpersonal conflicts; Sternberg and Soriano’s (1984) study on styles of conflict resolution – anonymity and confidentiality
- McLaren’s (2003) study on the integrated threat theory – continued psychological harm when applying the results of a study.

For Criterion B (quality of knowledge of ethical issues) examiners need to be aware that some candidates provide minimal information about ethical issues and focus on other aspects of studies or address ethical issues only in a general manner. In awarding marks and establishing 'best fit' for knowledge and understanding examiners should take into account **level of detail** and **context**.

- If ethical considerations are only identified or described in generic terms, award marks in the lowest (1-2) band
- If ethical considerations are outlined within relevant studies, award marks in the mid (3-4) band
- If ethical considerations are described and clearly explained within relevant studies, award marks in the top (5-6) band.

If a candidate describes and discusses studies but does not focus on ethical considerations the response should be awarded up to a maximum of **[2]** for criterion D. All remaining criteria should be awarded marks according to the best fit approach.

Candidates may address one ethical consideration to demonstrate depth of knowledge, or may address a larger number of ethical considerations to demonstrate breadth of knowledge. Both approaches are acceptable.

12. To what extent does the cognitive approach to understanding behaviour explain social responsibility (by-standerism, prosocial behaviour)? [22]

Refer to the paper 2 assessment criteria when awarding marks.

The command term “to what extent” requires candidates to consider the contribution of the cognitive approach in the understanding of social responsibility.

It is appropriate and useful for candidates to address the biological and/or sociocultural approach in the understanding of social responsibility in order to respond to the command term “to what extent” (e.g. arousal-cost reward theory, empathy-altruism model, just world hypothesis, diffusion of responsibility, pluralistic ignorance, kin selection theory, evolutionary theories, how social norms influence social responsibility, differences between individualistic and collectivistic societies, how social identity theory explains social responsibility).

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

- Aknin et al.’s (2013) study on prosocial spending and wellbeing
- Toi and Batson’s (1982) study on levels of empathy and cost and helping behaviours
- Cialdini et al.’s (1987) study on empathy, sadness, and increased helping behaviours
- Levine et al.’s (2001) cross-cultural differences in helping strangers
- Miyahara et al.’s (2018) study on impact of gender, culture and priming on empathetic concern
- Whiting and Whiting’s (1975) study on the role of a collectivist culture in prosocial behaviour
- Darley and Batson’s (1973) study on the role of situational and dispositional factors
- Miller et al.’s (1990) study on culture and social responsibility
- Latané and Darley (1968) on by-stander behaviour.

Considerations may include, but are not limited to:

- Degree of empirical support
 - Methodological and ethical considerations
 - Cultural and/or gender considerations
 - Possible theoretical assumptions and/or biases
 - Alternative explanations/factors
 - Generalizability of findings
 - Supporting and/or contradictory explanations or findings.
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