

# 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.

<b>Marks</b>	<b>Level descriptor</b>
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.

<b>Marks</b>	<b>Level descriptor</b>
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.

<b>Marks</b>	<b>Level descriptor</b>
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.

<b>Marks</b>	<b>Level descriptor</b>
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.

<b>Marks</b>	<b>Level descriptor</b>
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 or more** studies investigating the role of culture in the treatment of **one or more** disorders. **[22]**

*Refer to the paper 2 assessment criteria when awarding marks.*

The command term “evaluate” requires candidates to make an appraisal by weighing up the strengths and limitations of one or more studies investigating the role of culture in the treatment of one or more disorders. 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:

- Castillo’s (1997) study on a client-centred approach acknowledging cultural factors in treatment
- Sue and Zane’s (2009) study on the role of culture and cultural techniques in psychotherapy
- Marsala’s (2012) study on cultural conceptions of mental health and therapy
- Nicholl and Thompson’s (2004) study on culturally sensitive adaptations of CBT on post-traumatic stress disorder (PTSD) in adult refugees
- Sharen and Sundar’s (2015) study on cultural differences in treating eating disorders in young females
- Zhang et al.’s (2002) study on Chinese Taoist cognitive psychotherapy (CTCP) for Generalized Anxiety Disorder (GAD)
- Kinzie et al.’s (1987) study on compliance to antidepressant treatment in different cultures
- Leong and Kalbatseva’s (2011) study on barriers that affect a group’s willingness to seek treatment for mental illness.

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

- methodological and ethical considerations
- gender considerations
- contrary findings
- practical applications of the empirical findings
- how the findings of research have been interpreted
- implications of the findings
- validity and reliability.

If the candidate refers only to studies investigating the role of culture on diagnosis or etiologies of one or more disorder without linking it to the role of culture in treatment then the response should be awarded up to a maximum of **[2]** for criterion C: use of research to support answer. All remaining criteria should be awarded marks according to the best fit approach.

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

Candidates may address 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.

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 for criterion B should be awarded as follows:

- 1–2 General knowledge of topic (the role of culture in treatment)
- 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.

2. To what extent do sociocultural factors 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 sociocultural factors to diagnosis.

It is appropriate and useful for candidates to address other factors in order to respond to the command term “to what extent”.

Examples of sociocultural factors include, but are not limited to:

- cultural biases in making judgements/diagnosis
- socio-economic factors
- norms of reporting symptoms.

Relevant research may include, but is not limited to:

- Parker et al.’s (2001) cross-cultural comparison of reporting symptoms of depression
- Erinosh and Ayonrinde’s (1977) Nigeria tribe study: Differences in identifying a person as Schizophrenic
- Kleinman’s (1982) study on the DSM III and somatic symptoms in Chinese patients with depression
- Jenkins-Hall and Sacco’s (1991) study on rating/diagnosing depression by white therapists
- Copeland et al.’s (1971) study comparing classification and diagnosis of Schizophrenia in different cultures
- Li-Repac’s (1980) study on the role of stereotyping in diagnosis.

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.

**3. Discuss prevalence rates of one or more disorders.**

**[22]**

*Refer to the paper 2 assessment criteria when awarding marks.*

The command term “discuss” requires candidates to offer a considered review of the prevalence rates of one or more disorder(s).

Relevant studies could include but are not limited to:

- Nolen-Hoeksema’s (2001) review of gender differences in stress responses and depression
- Brown and Harris’s (1977) study of social factors affecting vulnerability to depression in women
- Ettmann et al. (2020) survey related to depression symptoms in US adults before and during the COVID-19 pandemic
- Weisman et al.’s (1995) study regarding the cross-cultural variation in depression rates
- De Souza Vivan et al. (2014) research on prevalence rates of OCD in adolescents in Brazil
- Atwoli et al. (2015) review of studies related to the prevalence of PTSD, risk factors and consequences cross-culturally
- Makino et al.’s (2004) study regarding the prevalence of eating disorders in Western and non-Western countries.

Discussion points may include, but are not limited to:

- variations in prevalence rates across age and gender
- risk factors such as exposure to conflicts, traumatic events, physical or psychological abuse
- social and cultural factors (for example, poverty, social, and cultural norms)
- availability of mental health services and treatment (for example, social determinants in relation to access to treatment and health services)
- diagnostic criteria and classification systems
- methodological and ethical considerations.

Candidates may discuss the prevalence rates of one disorder in order to demonstrate the depth of knowledge or may discuss the prevalence rates of a larger number of disorders in order to demonstrate the breadth of knowledge. Both approaches are equally acceptable.

## Developmental psychology

### 4. To what extent does poverty/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 candidates to consider the contribution of poverty/socio-economic status on cognitive and/or social development.

Candidates may address only cognitive development or only social development or may address both. These approaches are all equally acceptable.

In order to respond to the command term “to what extent”, it is appropriate and useful for candidates 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 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
- Bernstein’s (1971) research on the influence of socio-economic status on the use of language in children
- Russell et al.’s (2008) research on the view of poverty as a barrier on adequate parenting
- Turnbull’s (1972) research on the link between poverty and pro-social behaviour.

Discussion points may include, but are not limited to:

- methodological considerations
- how the findings of research have been interpreted and applied
- implications of the findings
- the accuracy and clarity of the concepts
- assumptions and biases
- cultural considerations
- areas of uncertainty
- supporting and/or contradictory evidence
- alternative explanations or factors
- practical applications.

Candidates 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.

If only the impact of trauma on development is addressed with no reference to poverty or socio-economic status, then the response should be awarded up to a maximum of **[2]** for criterion B: knowledge and understanding. All remaining criteria should be awarded marks according to the best fit approach.

5. Discuss the development of empathy **and/or** theory of mind.

[22]

*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.

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 empathy may include, but is not limited to:

- Bischof-Köhler (1991) ‘The Development of Empathy in Infants’
- van der Mark et al. (2002) ‘Development of Empathy in Girls During the Second Year of Life: Associations with Parenting, Attachment, and Temperament’
- Damon and Hart (1992) ‘Self-understanding and its role in social and moral development’
- McDonald and Messinger (2011) ‘The Development of Empathy: How, when and why’
- Moore (1990) ‘The origins and development of empathy’
- Meltzoff (1995) ‘Representation of intentions in human children’.

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

- Wellman et al. (2001) ‘Meta-analysis of theory-of-mind development: the truth about false belief’
- Byom and Mutlu (2013) ‘Theory of mind: mechanisms, methods, and new directions’
- Happé (1995) ‘The role of age and verbal ability in the theory of mind task performance of subjects with autism’
- Wellman and Gelman (1992) ‘Cognitive development: Foundational theories of core domains’
- Peterson et al. (2016) ‘Peer Social Skills and Theory of Mind in Children with Autism, Deafness, or Typical Development’
- Buttelmann et al. (2007) ‘Chimpanzees’ ability to understand intentions’
- Krupenye et al. (2016) ‘Understanding false beliefs in great apes’
- Baron-Cohen et al. (1985) ‘Understanding false beliefs in human children’.

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

- the social and cultural influences
- the biological influences
- the deficits in social insight, for example in autism spectrum disorders
- the presence or absence of empathy or theory of mind in non-human animals
- practical applications/real world implications (e.g. child rearing strategies, education, treatment of autism etc.).

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.

Candidates may discuss one aspect of development of empathy and/or theory of mind in order to demonstrate depth of knowledge, or may discuss a larger number of aspects of development of empathy and/or theory of mind in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

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

[22]

*Refer to the paper 2 assessment criteria when awarding marks.*

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

Relevant theories may include, but are not limited to:

- theory of neuroplasticity
- maturational theory of brain development.

Responses to this question may also use Piaget’s and Vygotsky’s theory. For these responses marks should be awarded depending on how effectively responses link these to brain development.

Relevant studies may include, but are not limited to:

- Chugani’s (1999) study of PET scans and glucose metabolism in newborns
- Danelli et al.’s (2012) study of a 14-year-old adolescent who had left hemispherectomy at age 2.5 and later made substantial neuro-linguistic recovery
- Strathearn et al.’s (2001) study of delayed cognitive development and head growth
- Giedd’s (2004) longitudinal study of healthy children using MRI scans
- Waber’s (2007) longitudinal study of normal brain development using MRI scans.

Evaluation points may include, but are not limited to:

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

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

Candidates may evaluate one theory of brain development in order to demonstrate depth of knowledge or may evaluate a larger number of theories in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Responses referring to research on animals, such as Rosenzweig’s study should be linked to human brain development. Responses that do not explicitly make any link to human brain development 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 the best fit approach.

## 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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