

Markscheme

November 2022

Psychology

Higher 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** classification systems in the diagnosis of **one or more** disorder(s).

Refer to paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of the role of one or more classification systems in the diagnosis of one or more disorder (s).

Candidates may refer to one or more classification systems as long as they are clearly used in relation to diagnosis of one or more disorder(s).

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

- DSM-5 (American Psychiatric Association, 2013)
- ICD-11 (The International Classification of Diseases, World Health Organization, 2018)
- CCMD-3 (Chinese Society of Psychiatry, 2001)

Relevant studies may include, but are not limited to

- Hafstad et al.'s (2017) study comparing ICD-11 and DSM-5 in diagnosing PTSD in survivors of a traumatic event
- Tolentino and Schmidt's (2018) research investigating DSM-5 in relation to levels of depression severity
- Zheng et al.'s (1994) comparison of CCMD-2 and DSM-III-R systems in relation to diagnosis of various psychiatric disorders
- Kleinman's (1982) research and Parker et al.'s (2001) study comparing neurasthenia in China with depression in DSM-III
- Lobbestael, Leurgans & Arntz (2011) research on interrater reliability in relation to a number of psychological disorders such as major depression, OCD, and general anxiety disorder
- Bolton's (2002) study examining the validity of classification systems

Discussion points may include, but are not limited to:

- Purpose of diagnosis
- Usefulness of diagnostic manuals in helping clinicians to make more accurate diagnoses as well as inform decisions about treatment
- Clinical interviews versus classification systems
- Problems of co-morbidity
- Reliability and validity of diagnosis using classification systems
- Cross-cultural issues in diagnostic tools in relation to specific disorders
- Ethical considerations in diagnosis
- Labelling and stigmatization
- comparison of different classification systems

Since the question is very open there are a number of pathways by which discussion could be achieved - marks awarded should reflect the degree to which material is used/shaped to the question

Candidates may discuss the role of one classification system in order to demonstrate depth of knowledge, or may discuss the role of several classification systems in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

2. Discuss prevalence rates of **one or more** disorder(s).

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of prevalence rates of one or more disorders.

The disorder(s) chosen are likely to come from those presented in the guide:

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

Examples of studies investigating prevalence of specific disorders could include but are not limited to:

- Dutton’s (2009) study of cultural variation in prevalence of major depression
- 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
- Kessler and Bromet (2013) research on prevalence rates of depression across cultures
- De Souza Vivian et al. (2014) research on prevalence rates of OCD in adolescents in Brazil
- Atwoli et al. (2015) review of studies related to prevalence of PTSD, risk factors and consequences in a large number of countries
- Makino et al.’s (2004) study regarding prevalence of eating disorders in Western and non-Western countries.

Discussion points may include, but are not limited to:

- age (for example, higher prevalence rates for depression in the elderly population and increasing rates among youth)
- gender (for example, higher prevalence for depression in women)
- 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
- Risk of relapse once the research is over
- Methodological and ethical considerations related to the research into prevalence rates of disorders.

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

3. Discuss **one or more** ethical considerations in research related to the treatment of **one or more** disorder(s).

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 research related to the treatment of one or more disorder(s).

Ethical considerations may be positive (what guidelines were followed) or negative (what guidelines were not followed).

Relevant ethical considerations may include, but are not limited to

- Informed consent
- Briefing and debriefing
- Validity of diagnosis prior to enrolling in a study on treatment
- Anonymity/Confidentiality
- Use of deception
- The right to withdraw

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

- Nugent et al.'s (2017) review of ethics of clinical trials research in severe mood disorders.
- Neale et al.'s (2011) review on the outcome of antidepressants versus placebo.
- Kyuken et al.'s (2008) randomized controlled trial of relative effectiveness of mindfulness-based cognitive therapy (MBCT) and anti-depressive medication
- Denys and Mantione's (2009) Deep brain stimulation in obsessive-compulsive disorder
- Stein et al.'s (2000) Ethical aspects of research on psychological trauma.
- Elkin et al.'s (1989) Controlled outcome study of treatment for depression
- Agras et al.'s (1992) Controlled comparison of drug treatment and CBT for patients with bulimia

Discussion points may include, but are not limited to:

- The importance of ensuring confidentiality in psychology research
- Why deception is used
- Validity of diagnosis prior to enrolling in a study on treatment
- Decisions as to why certain ethical guidelines were/were not followed
- Changes over time in adherence to ethical standards/guidelines
- Use of placebo in treatment research
- Short and long-term side effects of treatments
- The physiological and psychological side-effects of experimental treatments
- Risk of relapse and lack of follow-up once the research is over
- Research ethics committee.

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**.

Ethical considerations only identified or described in generic terms should be awarded marks in the lowest (1-2) band.

Ethical considerations described within relevant studies should be awarded marks in the mid (3-4) band.

Ethical considerations are described within relevant studies **and** clearly linked to the topic being focused on should be awarded marks in the top (5-6) band.

Candidates may discuss one ethical consideration related to the research into treatment of disorder(s) in order to demonstrate depth of knowledge, or may discuss a larger number of ethical considerations related to research into the treatment of disorder(s) in order to demonstrate breadth of knowledge. Candidates may display breadth of knowledge by considering ethical issues in relation to more than one disorder. All approaches are equally acceptable.

Developmental psychology

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

Refer to the paper 2 assessment criteria when awarding marks.

The command term “to what extent” requires candidates to consider the contribution of poverty and/or socio-economic status on cognitive and/or social development.

Candidates may address only cognitive development or only social development or may address both. Either approach is equally acceptable.

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 influence of poverty on parenting
- Turnbull’s (1972) research on the link between poverty and pro-social behaviour

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

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

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.

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

5. Discuss the development of gender identity **and/or** social roles.

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 gender identity and/or social roles.

Relevant theories may include, but are not limited to:

- gender schema theory that stresses the key role of cognitive processes in the development of gender roles
- social cognitive theory that highlights the importance of the social environment and emphasizes the potency of observational and modelling processes
- theory of psychosexual differentiation that is based on the assumption that gender roles are related to genetic sex determined by chromosomes
- evolutionary theory that attempts to locate gender role differences in a historical evolutionary context with focus on biological sex differences
- social role theory assuming that beliefs about gender roles derive from observing what men and women do within a given society.

Relevant studies may include, but are not limited to:

- Martin and Halvorson’s (1983) study showing the role of gender schemas on gender roles
- Witt (1997); Fagot’s (1978) studies showing the influence of parents on gender roles
- Neulaesei (2015); Mead’s (1935) studies showing that gender roles depend upon the society
- Money and Ehrhardt’s (1972) study claiming that children are gender neutral at birth
- Eagly and Wood’s (2016) study on social role theory of sex differences.

Critical discussion may include, but is not limited to:

- methodological and ethical considerations related to the research into the development of gender identity/social roles
- how the findings of research have been interpreted and applied
- assumptions and biases
- areas of uncertainty
- supporting and/or contradictory evidence.

Candidates may discuss the development of gender identity **or** social roles in order to demonstrate depth of knowledge, or may discuss the development of gender identity **and** social roles in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

6. Discuss **one or more** ethical considerations related to **one or more** studies used to investigate how humans develop as learners.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of ethical considerations related to one or more studies used to investigate how humans develop as learners.

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

Ethical considerations may include, but are not limited to:

- deception
- protection from physical or mental harm
- briefing and debriefing
- right to withdraw from a study
- informed consent
- anonymity/confidentiality.

Relevant studies may include, but are not limited to:

- Waber (2007); Giedd (2004); Chugani et al.'s (2001) studies on the effects of maturation of the nervous system on cognitive development
- Cowell et al. (2006); Corky's (1997) studies on brain damage and memory deficits
- Deary et al. (2006); Bouchard et al.'s (1990) studies on genetic inheritance in intelligence
- Piaget and Inhelder (1956); McGarrigle and Donaldson (1974); Samuel and Bryant's (1984) studies on stages of cognitive development
- Siegler (1978); Case's (1992) studies on the information-processing approach to cognitive development.

Critical discussion may include, but is not limited to:

- the difficulties of ensuring anonymity and confidentiality in psychology research
- the role of informed consent in research with children
- why deception was or was not used
- decisions as to why certain ethical guidelines were/were not followed
- changes over time in adherence to ethical standards/guidelines.

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**.

Ethical considerations are only identified or described in generic terms should be awarded marks in the lowest (1-2) band.

Ethical considerations are described within relevant studies should be awarded marks in the mid (3-4) band.

Ethical considerations are described within relevant studies **and** clearly linked to the topic being focused on should be awarded marks in the top (5-6) band.

Candidates may discuss one or a small number of ethical considerations related to one or a small number of research studies in order to demonstrate depth of knowledge, or may discuss a larger number of ethical considerations related to a larger number of research studies in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Health psychology

7. Evaluate **one or more** studies related to health beliefs as determinants of health.

Refer to the paper 2 assessment criteria when awarding marks.

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

Candidates are likely to write about health beliefs in relation to health topics in the psychology guide, namely stress, obesity, addiction, chronic pain, and/or sexual health.

Relevant studies may include, but are not limited to:

- Lewis et al. (2010) qualitative study on health beliefs and behaviour in relation to severity of obesity in Australia
- Kearney et al.'s (2006) study on stress and the immune system
- Fleary and Ettienne's (2014) survey on whether causal health beliefs about obesity are associated with weight perceptions and decisions to lose weight
- Polivy's (2001) false hope theory regarding dietary goals and optimism
- Weinberger et al.'s study on health beliefs and smoking behaviour.
- Pribadi and Devy's (2020) Correlational study on the role of health beliefs on the intention to stop smoking behaviour among young women in Indonesia
- Gatchel's (2017) study on fear avoidance belief and chronic pain
- Boone and Lefkowitz's (2008) correlational study on safer sex among adolescents based on the health belief model
- Chapin's (2010) study on the role of optimism bias in adolescent risky sexual practices.

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

- Methodological and ethical considerations
- Supportive and contrary findings
- Cultural and gender considerations
- The application of the empirical findings
- How the findings of research have been interpreted
- Implications of findings.

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 marks. 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 mark should be awarded. Responses that are clearly focused on evaluating one or more studies should gain 2 marks.

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.

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 related to health beliefs as determinants of health in order to demonstrate depth of knowledge, or may evaluate a larger number of studies related to health beliefs as determinants of health in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

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

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.

Candidates are likely to write about health problems in relation to health topics in the psychology guide, namely stress, obesity, addiction, chronic pain, and/or sexual health.

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

- sociocultural
- biological
- cognitive.

Relevant studies may include, but are not limited to:

- DiFranza et al.’s (2005) research 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) cross-cultural survey on adolescent smoking considering the peer factor as well as individualistic and collectivistic cultures
- Volkow et al.’s (2002) fMRI study of obese individuals indicating one possible explanation of overweight (support of the theory of compulsive overeating)
- Prentice and Jebb’s (1995) correlational study on increase in obesity and car ownership and television viewing.
- Teevale et al.’s (2010) mixed-method study on the role of sociocultural factors in obesity in Pacific adolescents and their parents.

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

- effectiveness of explanations
- degree of research evidence
- methodological considerations of supporting research
- practical applications

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.

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

Refer to the paper 2 assessment criteria when awarding marks.

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

Candidates are likely to write about health beliefs in relation to health topics in the psychology guide, namely stress, obesity, addiction, chronic pain, and/or sexual health.

Sociocultural factors in promoting health may include, but are not limited to:

- Social media
- Peer groups / role models
- Family
- cultural influences
- advertisements
- governmental influence.

Responses may address health promotion as a general term (e.g. anti-smoking programmes, anti-obesity workshops) or by addressing a specific approach (e.g. "Challenge!" Health promotion programme or Canada on the move programme). Both approaches are equally acceptable.

Relevant studies may include, but are not limited to:

- Kreuter and Lukwago's (2003) study of cultural appropriateness in health promotion programmes
- Resnicow et al.'s (1999) study on cultural sensitivity in public health
- Kalichman and Coley's (1995) study on the role of cultural influence on health communication in relation to HIV
- Sepstrup's (1999) study on the role of media in health promotion.
- Peckmann and Reibling's (2006) research investigating the effectiveness of fear appeals in promoting anti-smoking attitudes in teens
- Beiner et al.'s (2006) investigations of ex-smoker's view of effectiveness of various anti-tobacco programmes
- Baskerville et al.'s (2015) study on the effect of digital social media campaigns on young adult smoking cessation.
- Jane et al.'s (2018) review of the role of social media for health promotion and weight management.

Discussion points may include, but are not limited to:

- methodological and ethical considerations related to the research into the sociocultural factors in promoting health
- social engineering (*that is*, laws) versus health promotion programmes
- the effectiveness of health promotion programmes
- how the findings of research have been interpreted and applied
- assumptions on which health promotion programmes are based
- areas of uncertainty
- supporting and/or contradictory evidence

Candidates may discuss one sociocultural factor in promoting health in order to demonstrate depth of knowledge, or may discuss a larger number of sociocultural factors in promoting health in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Psychology of human relationships

10. Discuss **one or more** ethical considerations in **one or more** studies investigating personal relationships.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of ethical considerations in studies investigating personal relationships.

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

- obtaining informed consent
- avoiding harm or suffering of participants
- the use of deception
- the right to withdraw
- the need for debriefing
- addressing and recording sensitive information
- protection of children in family research (studies on divorce)
- videotaped observational data involve unique challenges in terms of the protection of privacy.

Examples of studies linked to ethical research may include, but are not limited to:

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

While the response may include some description of studies, the main focus of the response should be on the ethical considerations.

Critical discussion may include, but is not limited to:

- the considerations of conducting research in a different culture
- why deception is used
- the difficulties of ensuring confidentiality in research investigating personal relationships
- the role of informed consent when conducting research into personal relationships
- decisions as to why certain ethical guidelines were/were not followed
- changes over time in adherence to ethical standards/guidelines
- In longitudinal research, the researcher may through repeated assessments, realize that family problems are indeed worsening. Thus, longitudinal researchers face important decisions about whether to disclose information that could benefit the family but change the natural course of the phenomenon under 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**.

Ethical considerations are only identified or described in generic terms should be awarded marks in the lowest (1-2) band.

Ethical considerations are described within relevant studies should be awarded marks in the mid (3-4) band.

Ethical considerations are described within relevant studies **and** clearly linked to the topic being focused on should be awarded marks in the top (5-6) band.

Candidates may discuss one or a small number of ethical considerations in greater depth or may discuss a greater number in less depth, thereby demonstrating a breadth of understanding. Both approaches are equally acceptable.

11. Evaluate one or more studies investigating co-operation and/or competition in group dynamics.

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 related to co-operation and/or competition in group dynamics. Although both strengths and limitations should be addressed, it does not have to be evenly balanced to gain high marks.

Relevant studies may include, but are not limited to:

- Sherif's (1961) Robbers Cave study
- Aronson's (1971) jigsaw classroom
- Beeman and D'Amico's (1956) study of the effects of co-operation and competition on cohesiveness of small groups
- McCallum, Haring, Gilmore, Drenan, Chase, Insko, and Thibaut's (1985) study on competition and co-operation between groups and individuals using the Prisoner's Dilemma.
- Tauer and Harackiewicz (2004) experimental study on the effects of cooperation and motivation on intrinsic motivation and performance.

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

- methodological and ethical considerations in research related to co-operation and/or competition in group dynamics
- how the findings of research have been interpreted and applied
- implications of the findings
- assumptions and biases in research related to co-operation and/or competition in group dynamics.

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 marks. 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 mark should be awarded. Responses that are clearly focused on evaluating one or more studies should gain 2 marks.

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.

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.

12. Discuss promoting prosocial behaviour.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of promoting prosocial behaviour.

The concept of promoting prosocial behaviour may refer to any method or campaign that develops prosocial behaviour or a more general application of a model and/or theory, ie social learning theory.

Relevant studies related to promoting prosocial behaviour may include, but are not limited to:

- Luiselli et al.’s (2005) study evaluating the effectiveness of positive behavioural interventions and supports
- Elliott et al.’s (1999) study on the effects of the Responsive Classroom programme on students in elementary school
- Kleemans et al. (2015) study on the impact of prosocial television news on children’s prosocial behaviour in the Netherlands
- Flook et al.’s (2015) study on promoting prosocial behaviour in schoolchildren using mindfulness
- Layous et al.’s (2012) study on prompting prosocial behaviour in pre-adolescents
- Pollock’s (2014) field study done in Rwanda, concerning Subido methodology.

Critical discussion may include, but is not limited to:

- methodological and ethical considerations related to the research into promoting prosocial behaviour
 - how the findings of research have been interpreted and applied
 - implications of the findings
 - the accuracy and clarity of the concepts
 - assumptions and biases
 - areas of uncertainty
 - supporting and/or contradictory evidence
 - practical applications
 - comparison/contrast of different forms of promoting social behaviour.
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