

Markscheme

May 2024

Psychology

Higher level and standard level

Paper 2

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Paper 2 assessment criteria

Criterion A — Focus on the question

[2]

To understand the requirements of the question students must identify the problem or issue being raised by the question. Students may simply identify the problem by restating the question or breaking down the question. Students who go beyond this by **explaining** the problem are showing that they understand the issues or problems.

Marks	Level descriptor
0	Does not reach the standard described by the descriptors below.
1	Identifies the problem/issue raised in the question.
2	Explains the problem/issue raised in the question.

Criterion B — Knowledge and understanding

[6]

This criterion rewards students for demonstrating their knowledge and understanding of specific areas of psychology. It is important to credit **relevant** knowledge and understanding that is **targeted** at addressing the question and explained in sufficient detail.

Marks	Level descriptor
0	Does not reach the standard described by the descriptors below.
1 – 2	The response demonstrates limited relevant knowledge and understanding. Psychological terminology is used but with errors that hamper understanding.
3 – 4	The response demonstrates relevant knowledge and understanding but lacks detail. Psychological terminology is used but with errors that do not hamper understanding.
5 – 6	The response demonstrates relevant, detailed knowledge and understanding. Psychological terminology is used appropriately.

Criterion C — Use of research to support answer

[6]

Psychology is evidence based so it is expected that students will use their knowledge of research to support their argument. There is no prescription as to which or how many pieces of research are appropriate for their response. As such it becomes important that the research selected is **relevant** and useful in **supporting** the response. One piece of research that makes the points relevant to the answer is better than several pieces that repeat the same point over and over.

Marks	Level descriptor
0	Does not reach the standard described by the descriptors below.
1 – 2	Limited relevant psychological research is used in the response. Research selected serves to repeat points already made.
3 – 4	Relevant psychological research is used in support of the response and is partly explained. Research selected partially develops the argument.
5 – 6	Relevant psychological research is used in support of the response and is thoroughly explained. Research selected is effectively used to develop the argument.

Criterion D — Critical thinking

[6]

This criterion credits students who demonstrate an inquiring and reflective attitude to their understanding of psychology. There are a number of areas where students may demonstrate critical thinking about the knowledge and understanding used in their responses and the research used to support that knowledge and understanding. The areas of critical thinking are:

- research design and methodologies
- triangulation
- assumptions and biases
- contradictory evidence or alternative theories or explanations
- areas of uncertainty.

These areas are not hierarchical and not all areas will be relevant in a response. In addition, students could demonstrate a very limited critique of methodologies, for example, and a well-developed evaluation of areas of uncertainty in the same response. As a result a holistic judgement of their achievement in this criterion should be made when awarding marks.

Marks	Level descriptor
0	Does not reach the standard described by the descriptors below.
1 – 2	There is limited critical thinking and the response is mainly descriptive. Evaluation or discussion, if present, is superficial.
3 – 4	The response contains critical thinking, but lacks development. Evaluation or discussion of most relevant areas is attempted but is not developed.
5 – 6	The response consistently demonstrates well-developed critical thinking. Evaluation or discussion of relevant areas is consistently well developed.

Criterion E — Clarity and organization

[2]

This criterion credits students for presenting their response in a clear and organized manner. A good response would require no re-reading to understand the points made or the train of thought underpinning the argument.

Marks	Level descriptor
0	Does not reach the standard described by the descriptors below.
1	The answer demonstrates some organization and clarity, but this is not sustained throughout the response.
2	The answer demonstrates organization and clarity throughout the response.

Abnormal psychology

1. Discuss **one or more** classification systems used in the diagnosis of disorders.

Refer to the paper 2 assessment criteria when awarding marks.

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

Candidates may refer to a specific disorder(s) or disorder(s) in general. Both approaches are equally acceptable.

Candidates may discuss one classification system in order to demonstrate depth of knowledge, or may discuss a larger number of classification systems in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Relevant 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 and DSM in diagnosing PTSD in survivors of a traumatic event
- Tolentino and Schmidt’s (2018) study investigating DSM in relation to levels of depression severity
- Zheng et al.’s (1994) comparative study of CCMD and DSM systems in relation to diagnosis of various psychiatric disorders
- Kleinman’s (1982) study and Parker et al.’s (2001) study comparing neurasthenia in China with depression in DSM
- Lobbestael et al.’s (2011) study on inter-rater 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
- Comparing/contrasting different classification systems.

2. Discuss **one or more** ethical considerations in research into abnormal psychology.

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 related to research into abnormal psychology.

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).

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 equally acceptable.

Ethical considerations may include, but are not limited to:

- protection of participants
- issues of consent/assent
- debriefing
- right to withdraw from a study
- use of deception
- informed consent
- confidentiality
- anonymity.

Relevant research may include but are not limited to:

- Rosenhan’s (1973) study on validity and reliability of diagnosis
- Brown and Harris’s (1978) study on social factors of depression
- Kleinmann’s (1984) study on cultural differences in diagnosis of depression in Chinese population
- Jenkins-Hall and Sacco’s (1991) study on discrimination and its effect on validity of diagnosis
- Rück et al.’s (2014) study on validity and reliability of chronic tic disorder and obsessive-compulsive disorder diagnoses in the Swedish National Patient Register
- Qiu et al.’s (2013) study on the effectiveness of group CBT (GCBT) on depression
- Elkin’s (1989) study on the efficacy of three different treatments
- Liu *et al.*’s (2015) study on comparison between antidepressants and ECT
- Kirsch et al.’s (2002, 2014) studies on placebos versus antidepressants
- Chaleby’s (1995) study on the role of culture in group therapy
- Fisher et al.’s (2009) study on socio-cultural background and prevalence of depression
- Nolen-Hoeksema’s (2001) study on gender differences in prevalence of depression.

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

- cultural considerations
- the difficulties of following ethical guidelines
- justifications for not following ethical guidelines
- changes over time in adherence to ethical standards/guidelines
- issues caused by discrimination, labelling and stigma
- consequences of misdiagnosis in relation to ethical guidelines
- consequences of incorrect treatment in relation to ethical guidelines.

Marks awarded for criterion B should refer to knowledge of terms and concepts relating to ethical considerations in research into abnormal psychology. If the response provides only general knowledge of ethical considerations in research, awarded up to a maximum of **[2]**. Marks awarded for Criterion C assess the quality of the description of the study.

3. Discuss the effectiveness of **one or more** treatments used for **one or more** disorders.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to give a considered review of the effectiveness of one or more treatments for one or more disorders.

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

Treatments discussed may include, but are not limited to:

- cognitive treatments
- biological/pharmaceutical treatments
- cognitive-behavioural treatments
- social-cognitive treatments
- psychoanalytic treatments
- eclectic treatments.

Relevant studies may include, but are not limited to:

- Cooper *et al.*'s (2003) study on short- and long-term effects of psychological treatment on post-partum depression
- Neale *et al.*'s (2011) meta-analysis of studies of the outcome of using antidepressants versus placebos
- Elkin *et al.*'s (1989) outcome study of treatment for depression
- MacDermut *et al.*'s (2001) meta-analysis on the effectiveness of group therapy for depression
- Pampallona *et al.*'s (2004) study on the efficacy of drug treatment alone versus drug treatment and psychotherapy in depression
- Vocks *et al.*'s (2010) meta-analysis on the effectiveness of psychological and pharmacological treatments for binge-eating disorder.

Discussion may include, but is not limited to:

- methodological and ethical considerations related to the effectiveness of the treatment(s)
- 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.

Developmental psychology

4. Discuss the influence of childhood trauma on cognitive and/or social development.

Refer to the paper 2 assessment criteria when awarding marks.

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

Candidates may discuss one way in which childhood trauma influences cognitive and/or social development in order to demonstrate depth of knowledge, or may discuss a larger number of influences in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Relevant studies include, but are not limited to:

- Curtiss’s (1977; 1981) case studies on the effects of deprivation in critical periods (Genie)
- Feldman and Vengrober’s (2011) study and Luo *et al.*’s (2012) studies on PTSD as a consequence of trauma
- Rutter *et al.*’s (2001) and Rutter’s (1981) studies on the consequences of deprivation
- Cockett and Tripp’s (1994) study on long-term attachment deprivation effects
- Koluchova’s (1972; 1976) case studies showing the possibility of reversing the effects of deprivation
- Zeanah *et al.*’s (2005); Rutter’s (2007) studies on the effects of institutionalization on children.

Discussion may include, but is not limited to:

- long-term / short-term effects of childhood trauma
- methodological and ethical considerations
- gender/cultural considerations
- how the findings of research have been interpreted
- practical applications of the findings
- implications of the findings
- assumptions and biases
- areas of uncertainty
- supporting and/or contradictory evidence
- alternative explanations or factors (eg resilience).

It could be useful and appropriate for candidates to make reference to deprivation, neglect, domestic violence and resilience in order to explain the impact of childhood trauma on cognitive and/or social development.

If solely the impact of poverty (low socioeconomic status (SES)) on development is addressed with no reference to trauma, the response should be awarded up to a maximum of **[2]** for criterion B as knowledge and understanding is not linked to the question.

5. Discuss the development of gender identity.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to offer a considered review of gender identity development.

Candidates may address one explanation of development of gender identity to demonstrate depth of knowledge, or may address a larger number of explanations to demonstrate breadth of knowledge. Both approaches are acceptable.

Theories discussed may include, but are not limited to:

- biosocial theory of gender development (Money and Ehrhardt, 1972)
- social cognitive theory of gender development (Bandura, 1977)
- gender schema theory (Martin and Halvorson, 1978)
- transgender identity theories (Nagoshi and Brzuzy, 2010)
- social role theory of gender development (Eagly, 1987)
- cognitive developmental theory of gender (Kohlberg, 1966)

Relevant studies related to gender identity may include, but are not limited to:

- Martin and Halvorson’s (1983) study on the role of gender schemas on gender roles
- Witt (1997); Fagot’s (1978) studies on the influence of parents on gender roles
- Neulaesei (2015); Mead’s (1935) studies on gender roles and society
- Money and Ehrhardt’s (1972) case study on David Reimer
- Martin’s (1989) study on the influence of gender labelling on information processing
- Slaby and Frey’s (1975) study on stages of gender development.

Discussion points may include, but are not limited to:

- underlying assumptions of gender identity development
- evidence in support of the theories
- the strengths and limitations of the theory/theories
- methodological and ethical considerations
- cultural and/or gender considerations
- contrary findings or explanations
- practical applications of the findings
- implications of the findings.

6. Evaluate **one or more** theories/models of cognitive development.

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 theories/models of cognitive development. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Candidates may discuss one theory/model of cognitive development in order to demonstrate depth of knowledge, or may discuss a larger number of theories/models in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

Theories/models may include, but are not limited to:

- Piaget's theory of cognitive development
- Bruner's theory of cognitive development
- Vygotsky's theory of cognitive development
- Kohlberg's theory of moral development
- theories of brain development.

Research studies may include, but are not limited to:

- Piaget and Inhelder's (1956) Swiss mountain study
- Bower and Wishart's (1977) study on object permanence
- Samuel and Bryant's (1984) study on conservation
- Saxe *et al.*'s (1987) study on the zone of proximal development
- Winsler *et al.*'s (2003) study on speech patterns and problem-solving tasks
- Kohlberg's (1984) study on dilemmas
- Zuliana *et al.*'s (2019) study on teaching mathematics
- Giedd's (2004) longitudinal study using MRIs to investigate structural changes in the human brain during adolescence.

Evaluation may include, but is not limited to:

- stages versus continuous process
- the accuracy and clarity of the concepts
- practical applications of the theory
- how the findings of research have been interpreted
- assumptions and biases
- areas of uncertainty
- supporting and/or contradictory evidence
- contradictory explanations
- gender and/or cultural considerations
- methodological and ethical considerations
- comparisons/contrasts of different models.

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.

Health psychology

7. Discuss **one or more** studies related to health promotion.

Refer to the paper 2 assessment criteria when awarding marks.

The command term “discuss” requires candidates to make a considered review of one or more studies related to health promotion.

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

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

- Golechha’s (2016) study on health promotion methods for smoking prevention and cessation
- Li *et al.*’s (2015) study on health promotion interventions and policies addressing excessive alcohol use
- Langford *et al.*’s (2015) study on effectiveness of the health promoting schools’ framework
- Lowe *et al.*’s (2004) study on “food dudes” programme
- Peckman and Reibling’s (2006) study of the effectiveness of fear campaigns
- Sanderson and Yopyk’s (2007) study on promoting condom use
- Black *et al.*’s (2010) study on effectiveness of challenge health promotion model

Discussion points may include, but are not limited to:

- methodological and ethical considerations
- cultural and/or gender considerations
- practical applications of the findings
- issues of validity and reliability
- assumptions and biases
- areas of uncertainty
- empirical evidence of programme success or failure.

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 evaluation of one or more studies) should be awarded [0] for this criterion. If the response identifies which studies will be evaluated but there is also extra information that is not relevant or necessary for the specific question then [1] should be awarded. Responses that are clearly focused on evaluating one or more studies should be awarded [2].

Marks awarded for criterion B should refer to definitions of terms and concepts. Overall this could include some knowledge of 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 health promotion)
- 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.

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

Refer to the paper 2 assessment criteria when awarding marks.

The command term “evaluate” requires candidates to make an appraisal by weighing up strengths and limitations of the biopsychosocial model of health and well-being. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Relevant research may include, but is not limited to:

- Engel’s (1977) biopsychosocial model of health
- Buckner *et al.*’s (2013) study in the use of the biopsychosocial model to treat addiction
- Wallace’s (1990) biopsychosocial disease model of alcoholism
- Nguyen *et al.*’s (2016) review of biopsychosocial treatment for obesity
- Jack’s (2013) study on biopsychosocial factors affecting female metabolism in type 1 diabetes
- Cohen *et al.*’s (2003) study on the treatment of nicotine dependence
- Steptoe and Marmot’s (2003) study on stress
- Farooqi and O’Rahilly’s (2006) study on gene–environment interaction in obesity.

Evaluation may include, but is not limited to:

- advantages and disadvantages of the model
- the importance of considering a holistic approach to health
- methodological and ethical considerations
- cultural and/or gender considerations
- supporting and/or contradictory empirical evidence
- alternative explanations
- accuracy and clarity of the concepts
- practical applications of the research findings
- real world implications.

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.

9. To what extent are health problems influenced by sociocultural factors?

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 on health problems.

Sociocultural factors influencing health problems may include, but are not limited to:

- social media
- peer groups/role models
- family
- cultural influences
- advertisements
- governmental influence.

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

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.

If a candidate solely 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, knowledge and understanding. All remaining criteria should be awarded marks according to the best fit approach.

Relevant studies may include, but are not limited to:

- Powel and Chaloupka’s (2003) study on the role of parental influences on the probability of youth smoking
- Bobo and Husten’s (2000) study on sociocultural influences on smoking and drinking
- Unger et al.’s (2001) cross-cultural survey on adolescent smoking considering the peer factor as well as individualistic and collectivistic cultures
- 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
- Joseph’s (2015) study on fast food consumption patterns in overweight boys in India
- Martinez-Gonzalez’s (1999) study on sedentary behaviour and its role in obesity in the EU
- Gibson and Helme’s (2000) study on cognitive factors and the experience of pain and suffering in older persons
- Lundberg’s (2005) study on the effects of stress hormones on health and illness.

When responding to the command term “to what extent”, 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
- issues of validity and reliability
- generalizability of findings
- contradictory explanations or findings.

Psychology of human relationships

10. Evaluate **one or more** studies investigating the role of communication in personal relationships.

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 regarding the role of communication in personal relationships by weighing up the strengths and limitations of the selected studies. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Candidates may address specific types of personal relationships (e.g. romantic, peer, parent–adolescent) or personal relationships in general. Both approaches are equally acceptable.

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

Relevant studies may include, but are not limited to:

- Fincham’s (2004) study of the role of communication in marital satisfaction
- Gottman and Levenson’s (1986) study on the role of communication of emotions in relationships
- Burgoon *et al.*’s (2000) study of the use of mindfulness and interpersonal communication
- Ying *et al.*’s (2015) study on parent-adolescent communication to build trust
- Levenson and Gottman’s (1983; 1985) studies on the relationship between marital dissatisfaction and negative affect
- Stratton’s (2003) study on attributional style in families that attended therapy
- Sheldon’s (2009) study on self-disclosure on Facebook.

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

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

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

Marks for criterion B should be awarded as follows:

- 1–2 General knowledge of topic (the role of communication in personal relationships)
- 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.

11. To what extent do biological factors influence group dynamics?

Refer to the paper 2 assessment criteria when awarding marks.

The command term “to what extent” requires candidates to consider the contribution of biological factors to group dynamics.

Biological factors in understanding group dynamics could include, but are not limited to:

- the role of testosterone in dominant men,
- genetics of human aggressive behaviour
- evolutionary explanation of prejudice and discrimination.

It is appropriate and useful for candidates to address alternative factors, such as cognitive and sociocultural, to understanding group dynamics in order to respond to the command term “to what extent”.

Cognitive and sociocultural factors in understanding group dynamics could include, but are not limited to:

- in-group and out-group – competition and cooperation between the groups
- integrated threat theory
- stereotyping
- intergroup dynamics
- information-processing ability and verbal ability.

Relevant studies may include, but are not limited to:

- Archer’s (1991) study on testosterone and human aggression
- Carré et al. (2016) study on testosterone rapid increase of aggressiveness in dominant men
- Craig and Halton’s (2009) study on genetics of human aggressive behaviour
- Popova’s (2006) review on the role of serotonergic system in aggressive behaviour
- Drury and Reicher’s (1999) study of intergroup dynamics
- Brewer’s (1999) study of in-group loyalty and out-group bias
- Abrams *et al.*’s (2003) study of subjective group dynamics and in-group bias
- Fiske *et al.*’s (2002) model of stereotype content
- Haslam and Reicher’s (2006) study on inter- and intra-group dynamics related to social identity
- Tajfel’s (1971) study on ingroup/outgroup
- Pincus and Bixenstine’s (1979) study on cognitive factors and cooperation in the Prisoner’s Dilemma Game
- Phelps *et al.*’s (2000) fMRI study on neural correlates of unconscious evaluation of black and white faces.

When responding to the command term “to what extent”, 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
- Issues of validity and reliability
- Generalizability of findings
- Contradictory explanations or findings.

12. Discuss the promotion of prosocial behaviour.

Refer to the paper 2 assessment criteria when awarding marks.

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

Promotion of 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 cognitive theory.

Factors affecting the promotion of prosocial behaviour include, but are not limited to:

- Role of religion in promoting prosocial behaviour
- Teaching as a factor of promoting prosocial behaviour
- Social and material rewards
- Psychological micro-intervention
- Social cognitive explanation of promoting prosocial behaviour.

Relevant studies may include, but are not limited to:

- Beaman et al.'s (1978) study on increasing helping rates through information dissemination
- Davis and Carlo's (2017) study on the role of parenting practices and prosocial behaviour in low-income adolescents
- Gloster et al.'s (2020) study on increasing prosocial behaviour and decreasing selfishness in the lab and everyday life
- Larsen et al.'s (2017) study on storybooks with anthropomorphized animal characters promoting prosocial behaviours in young children
- Flook et al.'s (2015) study on promoting prosocial behaviour on preschool children through mindfulness-based kindness curriculum
- Hutcherson, Seppala and Gross's (2008) study on loving kindness meditation
- Leiberg, Klimecki and Singer's (2011) study on compassion training
- Paluck's (2009) study on reducing intergroup prejudice and conflict using the media: A field experiment in Rwanda
- Stamatoulakis's (2013) study on religiosity and prosocial behaviour

Discussion may include, but is not limited to:

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