Paper 2 assessment criteria

A — Knowledge and comprehension

Marks	Level descriptor
0	The answer does not reach a standard described by the descriptors below.
1 to 3	The answer demonstrates limited knowledge and understanding that is of marginal relevance to the question. Little or no psychological research is used in the response.
4 to 6	The answer demonstrates limited knowledge and understanding relevant to the question or uses relevant psychological research to limited effect in the response.
7 to 9	The answer demonstrates detailed, accurate knowledge and understanding relevant to the question, and uses relevant psychological research effectively in support of the response.

B — Evidence of critical thinking: application, analysis, synthesis, evaluation

Marks	Level descriptor
0	The answer does not reach a standard described by the descriptors below.
1 to 3	The answer goes beyond description but evidence of critical thinking is not linked to the requirements of the question.
4 to 6	The answer offers appropriate but limited evidence of critical thinking or offers evidence of critical thinking that is only implicitly linked to the requirements of the question.
7 to 9	The answer integrates relevant and explicit evidence of critical thinking in response to the question.

C — Organization

Marks	Level descriptor
0	The answer does not reach a standard described by the descriptors below.
1 to 2	The answer is organized or focused on the question. However, this is not sustained throughout the response.
3 to 4	The answer is well organized, well developed and focused on the question.

Abnormal psychology

1. Evaluate *one* individual (psychological, *not* biomedical) approach to treatment for *one* disorder.

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 individual approach to treatment for one disorder. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Anxiety disorders, affective disorders and eating disorders will most likely be presented. It is however, acceptable to use other examples of disorders or abnormal behaviours. Candidates are not required to outline the symptoms of the disorder.

Responses may include, but are not limited to:
- the appropriateness of one individual approach to treatment by weighing up the strengths and limitations of that approach for the disorder
- underlying assumptions of a certain approach to treatment
- confirming or refuting empirical findings related to the treatment
- psychological theories that are relevant to the approach to treatment of the disorder
- ethical implications of the approach to treatment.

If a candidate evaluates more than one individual approach to treatment, credit should be given only to the first evaluation. However, candidates may address other approaches to treatment and be awarded marks for these as long as they are clearly used to evaluate the individual treatment addressed in the response (for example, responses may suggest that individual treatment is most often combined with drug treatment and use this discussion of an eclectic approach as part of the evaluation).

If a candidate discusses only strengths or only limitations, the response should be awarded up to a maximum of ***[5 marks]*** for criterion B, critical thinking, and up to a maximum of ***[2 marks]*** for criterion C, organization. Up to full marks may be awarded for criterion A, knowledge and comprehension.

If a candidate evaluates individual approaches without referring to a specific disorder, the response should be awarded up to a maximum of ***[4 marks]*** for criterion A, knowledge and comprehension, up to a maximum of ***[3 marks]*** for criterion B, critical thinking, and up to a maximum of ***[2 marks]*** for criterion C, organization.

If a candidate evaluates one biomedical or one group approach to treatment then the response should be awarded up to a maximum of ***[3 marks]*** for criterion B, critical thinking, and up to a maximum of ***[2 marks]*** for criterion C, organization. No marks should be awarded for criterion A, knowledge and comprehension.

2. Discuss concepts of normality and abnormality.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered and balanced review that includes various concepts of normality and abnormality.

Concepts of normality and abnormality may include, but are not limited to:
- the mental health criterion/model
- the statistical criterion/model
- abnormality as mental illness (medical model)
- the psychoanalytic explanation of the concept of abnormality
- the cognitive explanation of the concept of abnormality.

Responses may include, but are not limited to:
- cross-cultural issues
- gender biases
- research findings
- the issue of labelling
- historical perspectives on changing norms on normality (for example, changing views on homosexuality or political dissent)
- difficulties in defining normality/abnormality.

Relevant research may include, but is not limited to:
- Rosenhan and Seligman (1984) – seven criteria of abnormality
- Jahoda (1958) – six characteristics of mental health
- Szasz (1962) – mental disorders as "problems in living".

Candidates may discuss a smaller number of concepts of normality and abnormality in order to demonstrate depth of knowledge, or may discuss a larger number of concepts of normality and abnormality in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

3. Discuss cultural variations in the prevalence of psychological disorders.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered and balanced review that includes a range of cultural variations in the prevalence of disorders.

The term "prevalence" refers to the percentage of individuals within a population who are affected by a specific disorder at a given time. The prevalence of any psychological disorder may be discussed.

Responses may include, but are not limited to:
- reference to an increase in diagnoses related to differences in cultural norms (for example, an increase in diagnoses of depression or eating disorders in women)
- addressing cultural factors that seem to increase the risk of developing affective or eating disorders
- reference to evidence that with increasing Westernization, rates of certain disorders tend to increase
- addressing changes in diagnostic screening which help mental health professions become more culturally aware in their diagnoses
- culture-bound disorders
- the interaction between biological, cognitive and sociocultural factors
- some prevalence rates are consistent across cultures, for example, schizophrenia.

Relevant studies may include, but are not limited to:
- Okulate *et al*. (2004) – core symptoms of depression are shared in different cultures
- Jaeger *et al*. (2002) – body dissatisfaction suggesting significant differences between cultures
- Dutton (2009) – cultural variations in prevalence of major depression could be due to cultural differences in stress, standard of living and reporting bias
- how emic versus etic approaches affect prevalence rates.

Candidates may discuss a smaller number of cultural variations in order to demonstrate depth of knowledge, or may discuss a larger number of cultural variations in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

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

Developmental psychology

4. Examine the relationship between physical change and development of identity during adolescence.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "examine" requires candidates to consider an argument in a way that uncovers the assumptions and interrelationships between physical changes and identity development during adolescence.

Relevant content may provide an outline of the emergence of primary and secondary sexual characteristics and how that affects identity formation during adolescence, such as:

- Simmons and Blyth (1987) – the cultural ideal hypothesis
- Mead's cross-cultural theory
- studies on the timing of puberty and its impact on body image, self-esteem and behaviour: Jones (1965), Blyth, Bulcroft and Simmons (1981), Brooks-Gunn and Paikoff (1993).

The answer should focus on the fact that physical changes have psychological ramifications that contribute to an adolescent's sense of self. In certain cultures, preoccupation with one's body image is strong throughout adolescence and this preoccupation influences development of identity.

Responses may include, but are not limited to:

- the difficulty of generalizing the psychological effects of physical changes – because they depend on the timing of puberty, they differ in boys and girls
- the development of identity is influenced by the interaction of biological, cognitive and social factors and is not dominated by biology
- culture is also a strong determinant in self-perception and body shape perception
- researchers have expressed doubt that puberty's effects on development of identity are as strong as once believed.

If a candidate only addresses development of identity, the response should be awarded up to a maximum of ***[4 marks]*** for criterion A, knowledge and comprehension, up to a maximum of ***[3 marks]*** for criterion B, critical thinking, and up to a maximum of ***[2 marks]*** for criterion C, organization.

If a candidate only addresses physical change in adolescence, the response should be awarded up to a maximum of ***[4 marks]*** for criterion A, knowledge and comprehension, up to a maximum of ***[3 marks]*** for criterion B, critical thinking, and up to a maximum of ***[2 marks]*** for criterion C, organization.

5. Explain cultural variation in gender roles.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "explain" requires candidates to give a detailed account, including reasons for, or causes of, cultural variation in gender roles.

Responses may address how sociocultural factors such as the media, stereotypes and parental role influence gender roles in relation to aggression, working behaviour, parenting behaviour, domestic work, and so on.

Examples of how candidates may show evidence of critical thinking could include:
- using evidence from studies that support or disconfirm the existence of cultural variation in gender roles.
- analysis of the methodology and/or ethical considerations of research
- whether sociocultural influences create gender differences or merely accentuate them
- whether differences between males and females are purely social constructs or a result of biological differences
- analyzing differences between collectivistic versus individualistic societies
- analysis of the interaction between biological, cognitive and cultural factors.

Relevant theories may include, but are not limited to:
- Eagly's social role theory
- Bandura's social learning theory
- Money's theory on gender roles
- gender schema theory.

Relevant studies may include, but are not limited to:
- Mead's (1935) anthropological study
- Best *et al*.'s (1977) cross-cultural study on gender stereotypes
- Smith and Lloyd's (1978) experiment on the perception of gender
- Cuddy *et al.*'s (2010) study on how gender stereotypes are shaped in different cultures with participants attributing positive traits to men.

Candidates may present one or a number of explanations of cultural variation in gender roles. Both approaches are equally valid.

6. Evaluate *one* example of psychological research (theory or study) relevant to attachment.

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** theory or study related to attachment. 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:
- Schaffer's cognitive theory of attachment
- Bowlby's attachment theory
- Ainsworth's attachment theory
- Spitz's psychodynamic theory of attachment.

Relevant studies may include, but are not limited to:
- Ainsworth's *strange situation* studies (1967, 1971, 1978)
- Robertson and Bowlby's study (1952) on the short-term effects of deprivation
- Harlow and Harlow's rhesus monkeys study (1962)
- Hodges and Tizard's adoption study (1989)
- Van Ijzendoorn and Kroonenberg's cross-cultural study (1988)
- Hazan and Shaver's study (1987) on adult attachment behaviour.

Whichever theory or study is selected, the focus of the answer should be on the evaluation of that theory or study. The focus of the response should be on one example of psychological research relevant to attachment rather than a general overview of attachment

Evaluation of the research may include, but is not limited to:
- methodological considerations
- cultural considerations
- contrary findings or explanations
- the productivity of the theory in generating psychological research
- the applications of the empirical findings.

If a candidate evaluates more than one theory or study, credit should be given only to the first evaluation. However, candidates may address other theories/studies and be awarded marks for these as long as they are clearly used to evaluate the main research addressed in the response.

If a candidate discusses only strengths or only limitations, the response should be awarded up to a maximum of ***[5 marks]*** for criterion B, critical thinking, and up to a maximum of ***[2 marks]*** for criterion C, organization. Up to full marks may be awarded for criterion A, knowledge and comprehension.

Health Psychology

7. Discuss physiological *and* social aspects of stress.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered and balanced review of physiological and social aspects of stress.

Candidates do not have to make a distinction between social/cultural and environmental aspects of stress. Candidates may discuss causes, consequences and/or strategies for dealing with stress.

Candidates can use research that deals with both the physiological and social aspects of stress.

Relevant studies may include, but are not limited to:
- Kiecolt-Glaser *et al*.'s (1984) study on how exam stress influences the immune system
- Evans and Kim's (2007) or Fernald and Gunnar's (2008) studies on the relationship between poverty and stress
- Taylor *et al*.'s (2000) study on gender differences in stress
- O'Driscoll and Cooper's (1994) study on coping with work-related stress.

If a candidate discusses only physiological or only social aspects of stress, the response should be awarded up to a maximum of ***[5 marks]*** for criterion A, knowledge and comprehension, up to a maximum of ***[4 marks]*** for criterion B, critical thinking, and up to a maximum of ***[2 marks]*** for criterion C, organization.

Candidates may address a smaller number of physiological and social aspects of stress in order to demonstrate depth of knowledge, or may address a larger number of physiological and social aspects of stress in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

8. To what extent do biological factors influence health-related behaviour?

Refer to the paper 2 assessment criteria when awarding marks.

The command term "to what extent" requires candidates to consider the merits or otherwise of the influence of biological factors on health-related behaviour.

Stress, eating disorders, substance abuse and other health-related behaviours are equally acceptable for answers to this question. Candidates may approach health-related behaviour as a whole or use specific examples of health-related behaviour. Both approaches are equally acceptable.

Biological factors may include, but are not limited to:
- evolutionary explanations
- genetic predisposition
- the effect of circadian rhythms
- the effects of drug treatment for addictive behaviour
- the neurobiology of food addiction (for example, Volkow *et al*., 2002).

Each factor that is identified should be related to health-related behaviour. Where this connection is not made, no marks should be awarded for the mere listing or description of biological factors.

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

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

9. Discuss *two* prevention strategies for substance abuse or addictive behaviour.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered and balanced review of two prevention strategies for substance abuse or addictive behaviour.

Substance abuse or addictive behaviour may refer to addictions to tobacco, alcohol, marijuana, cocaine, sex, gambling or food, among others.

Relevant prevention strategies may include, but are not limited to:
- targeting risk groups with health education
- use of social learning theory in media campaigns
- fear arousal through advertising
- government interventions, banning advertising, increasing the cost of the substance, or banning smoking and alcohol.

Relevant campaigns may include, but are not limited to:
- smoking prevention campaigns such as the TRUTH anti-tobacco campaign in Florida in the 1990s
- The Australia North Coast Study, which resulted in a 15 % reduction in smoking over three years
- Carr's (1994) field study on the use of peer education in the prevention of fetal alcohol syndrome in Canada.

Responses may discuss treatment of substance abuse and addictive behaviour (for example, alcoholics anonymous, nicotine patches) and this approach should be awarded marks if the response indicates **how** this treatment will prevent further substance abuse and/or addictive behaviour. A clear link must be made to indicate how the treatment serves as a preventative strategy. One example of how this might be approached would be a statement such as: "One strategy is the use of medicinal patches, and although this appears to be a treatment it may also serve as a preventative measure".

If a candidate discusses more than two prevention strategies, credit should be given only to the first two discussions. However, candidates may address other prevention strategies and be awarded marks for these as long as they are clearly used to evaluate one or both of the two main strategies addressed in the response.

If a candidate discusses only one prevention strategy, the response should be awarded up to a maximum of ***[5 marks]*** for criterion A, knowledge and comprehension, up to a maximum of ***[4 marks]*** for criterion B, critical thinking, and up to a maximum of ***[2 marks]*** for criterion C, organization.

Psychology of human relationships

10. Contrast two theories explaining altruism in humans.

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 theories of altruism in humans.

Animal research may be used as long as a clear link is made to human behaviour.

Theories may include, but are not limited to:

Evolutionary theories, such as:
- kin selection theory
- reciprocal altruism theory
- mimetic theories.

Psychological theories, such as:
- the negative-state relief model
- empathy-altruism theory
- social exchange theory.

Candidates may contrast the broader groups of theories (for example, evolutionary and psychological) or specific theories within or between these groups.

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