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. Discuss cultural variations in the prevalence of *one* affective *or* eating disorder.

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 arguments, factors or hypotheses related to cultural variations in the prevalence of the chosen disorder. Conclusions should be presented clearly and supported by appropriate evidence.

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

Discussion of cultural variations may include, but is not limited to:

- reference to evidence referring to different rates of disorders in different cultures or even subcultures
- reference to an increase in diagnoses related to differences in cultural standards (for example, 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 depression and eating disorders tend to increase
- addressing changes in diagnostic screening which help mental health professions become more culturally aware in their diagnoses
- arguing that eating disorders such as anorexia and bulimia are culture-bound disorders, restricted to the Western world and are encouraged by conceptions of beauty and attractiveness that tell females to be thin and males to be athletic
- arguing that although there is a clear link between cultural factors and the prevalence of affective or eating disorders, it is still difficult to explain why only some people are affected by these influences in a way that brings them to the attention of clinical staff. It is likely that an understanding of the interaction between biological, cognitive and sociocultural factors is necessary to fully comprehend why and how these disorders develop.

Responses may refer to research studies discussing cultural variations in the prevalence of one affective or eating disorder which could include, but are not limited to:

- Okulate *et al*. (2004) – research suggesting that core symptoms of depression are shared in different cultures
- Jaeger *et al*. (2002) – study on body dissatisfaction suggesting significant differences between cultures
- Dutton (2009) – study suggesting that cultural variations in prevalence of major depression could be due to cultural differences in stress, standard of living and reporting bias
- Makino *et al*. (2004) – review of published medical articles – prevalence appears to be increasing in non-Western countries but is still lower than in Western countries.

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.

If a candidate discusses more than one affective or eating disorder, credit should be given only to the first disorder.

2. Outline symptoms of *one* anxiety, affective *or* eating disorder.

To what extent do cognitive factors influence the etiology of the disorder that you have outlined?

Refer to the paper 2 assessment criteria when awarding marks.

A brief but clear account of symptoms for one psychological disorder should be provided. Responses should refer to one psychological disorder from one of the groups of disorders specified in the question.

The command term "to what extent" requires the candidate to provide a sound argument concerning the importance of cognitive factors in the development of one anxiety, affective or eating disorder. This account should be presented clearly and should be supported with appropriate psychological research.

Responses may refer to cognitive factors influencing the etiology of the disorder such as, but not limited to:

- cognitive distortions
- irrational beliefs, or
- cognitive styles.

The extent to which cognitive factors influence the etiology of the disorder may be addressed by referring to, but not limited to:

- research findings that tend to suggest that an analysis of cognitive factors helps clinicians understand the etiology, symptoms, and personality of individuals with a certain disorder
- criticism that claims that cognitive explanations fail to provide any explanation of why these distortions arise and why some people use them while others do not
- claims that it is difficult to establish cause and effect relationships
- that the onset and development of the disorder is a result of complex interactions between biological, cognitive and/or sociocultural factors. For example, responses may claim that females are more likely to suffer from some eating disorders than males, suggesting that hormonal fluctuations relate to the greater vulnerability of women. Further elaboration may argue that the reasons for the disorder are rooted more in social causes than in cognitive ones.

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

If a candidate discusses more than one anxiety, affective or eating disorder, credit should be given only to the first disorder.

Candidates who do not make any reference to the extent to which factors other than cognitive factors (for example, biological or social factors) influence the etiology of the disorder can be awarded up to ***[6 marks]*** for criterion B, critical thinking, and up to ***[3 marks]*** for criterion C, organization. Up to full marks may be awarded for criterion A, knowledge and comprehension.

3. Evaluate the use of one or more biomedical approaches to the treatment of *one* disorder.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "evaluate" requires a detailed appraisal by weighing up the strengths and limitations of the use of biomedical approaches to the treatment of one disorder. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

There are various types of biomedical approaches to treatment, for example drug therapy, ECT, acupuncture, herbal medicine, dietary change, or exercise. Whichever biomedical approaches to treatment are chosen, they should specifically relate to one disorder.

Evaluative remarks could include, but are not limited to:

- the issue of reductionism
- side effects of some treatments
- ethical, gender or cultural issues
- the argument that biomedical approaches to treatment are effective in reducing the symptoms of a psychological disorder but they often don't constitute a complete and final cure
- methodological issues present in studies investigating the effectiveness of the treatment (researcher bias, comparability of samples, placebo effect, how we judge whether the treatment is successful).

Candidates may evaluate a single biomedical approach in order to demonstrate depth of knowledge, or may evaluate more than one biomedical approach in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

If a candidate discusses more than one disorder, credit should be given only to the first disorder.

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

Developmental psychology

4. To what extent do biological factors affect human development?

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 an argument addressing the degree to which biological factors affect human development.

Responses may refer to biological factors influencing human development such as, but not limited to:

- the effects of brain maturation on cognitive development – for example, development of object permanence is related to the maturation of the frontal cortex
- research on teenage brains suggesting that reorganization and myelination of the prefrontal cortex continues during adolescence and enables teenagers to process information faster, perform higher-level cognitive activities, and improve impulse control
- the role of hormones in development.

Environmental factors may be awarded marks if they are explicitly linked to biological factors affecting development.

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.

Candidates who do not make any reference to the extent to which factors other than biological factors (for example, cognitive or sociocultural factors) affect human development can be awarded up to ***[6 marks]*** for criterion B, critical thinking, and up to ***[3 marks]*** for criterion C, organization. Up to full marks may be awarded for criterion A, knowledge and comprehension.

5. Discuss the relationship between physical change and development of identity during adolescence.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered and balanced review of how identity development accompanies physical change 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.

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

Discussion may address issues such as:

- 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.

Responses may refer to classical theories of identity development in adolescence and this is acceptable if the theories are explicitly linked to the relationship between physical change and identity during adolescence.

6. Discuss psychological research (theories and/or studies) on the formation and development of gender roles.

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 or more theories and/or studies, or one theory and one study, addressing the formation and development of gender roles.

Theories explaining the development of gender roles could include, but are not limited to:
- social learning theory that maintains the importance of social environment and emphasizes the potency of observational and modelling processes
- evolutionary theory that attempts to locate gender role differences in a historical evolutionary context
- gender schema theory that stresses the relevance of children's cognitive schemata
- Freud's psychodynamic theory could be used to illustrate a historical approach to the development of gender roles.

A variety of studies may be discussed, such as:
- Maccoby's (1974) study indicating that identification with parents seems to be a result, not a cause, of gender typing
- Taylor's (1996) study showing that young children recognize no environmental influence on gender roles but by age 9 or 10, as they gain more life experience and information, develop more flexible ideas about what the categories of gender imply
- Kimball's (1986) study demonstrating that parental treatment affects children's gender knowledge more than their behaviour
- Mead's (1935) anthropological study showing that gender roles depend upon the beliefs and values of a society.

Candidates may discuss a smaller number of theories and/or studies on the formation and development of gender roles in order to demonstrate depth of knowledge, or may discuss a larger number of theories and/or studies in order to demonstrate breadth of knowledge. Both approaches are equally acceptable.

If a candidate discusses two theories, the candidate is not required to include studies to support the argument.

Health psychology

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

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires that the candidate should offer a considered and balanced review of physiological and psychological aspects of stress. Conclusions should be presented clearly and supported by appropriate evidence.

Since much research on stress within health psychology consistently demonstrates that prolonged stress may have a detrimental effect on health, the interaction between physiological and psychological aspects of stress could be the focus of the response, but this is not a requirement.

In health psychology, stress is associated with a number of physical problems such as hypertension, coronary heart disease, and low immune functioning. Stress has also been linked to smoking, increased use of alcohol, or overeating to reduce tension. The health status of an individual may be influenced by such unhealthy lifestyles.

Candidates can use research that deals with both the physiological and the psychological aspects of stress. There are a number of studies that could be relevant, for example:

- Kiecolt-Glaser *et al.*, (1984) who examined how stress influenced the immune system
- Kemeny *et al.*, (2006) who investigated the stressful situation of getting HIV and the possible influence of psychological factors in the development of the disease
- Lazarus and Folkman's (1975) theory of cognitive appraisal which explained how cognition could influence the interpretation of stressful experiences as well as physiological responses to stress Speisman *et al.*, (1964) who studied the role of appraisal on physiological and psychological stress
- responses.

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

If a candidate discusses only physiological or only psychological aspects of stress, apply the markbands up to a maximum of ***[11 marks]***.

8. Discuss the effectiveness of *one* health promotion strategy.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "discuss" requires candidates to offer a considered and balanced review of the effectiveness of one health promotion strategy, including a range of arguments and factors.

The aim of health promotion is to prevent illness and disease caused by determinants of health such as smoking, alcohol misuse, overeating and lack of physical activity. Health promotion is the process of enabling people to change their lifestyle and gain a more immediate control over determinants of health. Health promotion takes a multifactored approach to individuals and communities through education, prevention and protection measures.

There is no explicit reference to a specific area of health promotion within health psychology in this question so candidates may choose any relevant area, for example those studied in the health psychology option such as drug abuse or obesity. However, the response may also include an area not specifically mentioned in the programme such as practising safe sex to prevent HIV. The important thing is that candidates make reference to a relevant health promotion strategy (for example public campaign, community-based intervention, peer education) that has been described and evaluated.

Candidates may respond without discussion of formal health campaigns, although it is likely that many candidates will refer to these programmes. Relevant health promotion strategies could include, but are not limited to:

- the Victoria (Australia) campaign, "Go for your life" (2004)
- the Florida (US) campaign, "TRUTH" (1998–1999)
- the US campaign, "VERB – It's what you do" (2002–2006)
- the Canadian community-based peer intervention programme to prevent pregnant mothers from drinking alcohol (Carr, 1994).

If a candidate discusses more than one strategy of health promotion, credit should be given only to the first discussion.

9. Evaluate *one* treatment for obesity.

Refer to the paper 2 assessment criteria when awarding marks.

The command term "evaluate" requires candidates to make an appraisal of one treatment for obesity by weighing up the strengths and the limitations. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Candidates could evaluate treatment approaches such as:

- the behavioural programme developed by Stuart and Davis (1972) for a clinical setting. The treatment involved monitoring food intake, modifying cues for inappropriate eating as well as the encouragement of self-reward for appropriate eating
- cognitive-behavioural therapy (CBT) combined with dieting. Candidates could make reference to research such as Beck (2005) who found that CBT could help patients to deal with cognitions that lead to obesity
- drug treatments such as appetite suppressants and lipase inhibitors
- surgical procedures such as gastric bypass and gastric banding
- commercial treatments such as Weight Watchers.

If a candidate evaluates more than one treatment, credit should be given only to the first evaluation.

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

Psychology of human relationships

10. Evaluate one or more research studies and/or theories related to cross-cultural differences in prosocial behaviour.

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 the limitations of research related to cross-cultural differences in prosocial behaviour. Although a discussion of both strengths and limitations is required, it does not have to be evenly balanced to gain high marks.

Studies may include Whiting's (1979) research on the role of extended family, Bond and Leung's (1988) research on in-group bias, or Levine's many studies on cultural differences in prosocial behaviour (1990s–2000s).

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

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