

Grading guidelines PSY2207 Autumn 2020

General information about the exam:

- There are **no formal design requirements** for the layout of the exam such as front cover, specific font size or reference list.
- It is **not required to include references for all statements** in the text nor a particular reference style. Instead, we ask the candidates to state in an understandable way which parts of the curriculum and other material they have used when answering the exam (for example, to write at the end of each essay which book chapters and articles—and, if the case, other additional sources—they have used to answer the essay). We have emphasized that it is required to clearly indicate when one directly quotes parts of the curriculum or other sources (by using quotes and referring to the source with page numbers, e.g., Huppert, 2014, p. 5). We have advised the candidates not to quote long passages of text.
- The curriculum of the course should form the main basis for the answers. Other material can be included, but this should not be given decisive weight in the assessment
- We have informed the candidates that copying text (or using alterations of existing texts) from the curriculum or other sources without providing reference is considered plagiarism and may be considered as cheating / attempted cheating.
- The exam should have been a three hour school examination, but due to the Covid-19 outbreak, we had to change it to a four hour open-book home examination.

General information about grading:

- The candidates are asked to answer two out of three questions. The average of these two is used to give the final grade. When in doubt, the best grade should guide the final decision.
- The grading scale is a descending scale with letter values, where A is the best grade, E the lowest pass grade and F is fail. The assessment is based on defined, qualitative criteria for each grade in the grading scale, see <https://www.uio.no/english/studies/examinations/grades/index.html>
- If one of the two essays is graded “fail”, the exam is to be graded “fail”.
- It is necessary to have knowledge about the curriculum in the course to grade the exam. For an overview over the curriculum, see <https://www.uio.no/studier/emner/sv/psykologi/PSY2207/v20/pensumliste/index.html>. The most relevant articles for each exam question will be further specified.
- In the following guidelines we describe an **ideal answer** and a **minimum answer**. The minimum answer is what we expect in order to pass the exam. A candidate who writes overall good essays and in addition describes most of the points mentioned concerning an ideal answer is to be awarded with the best grade.
- Importantly, the ideal answer describes relevant elements, but it does not mean that other elements cannot be relevant as well. The guidelines are supposed to give guidance, but they are not check-lists.
- The evaluation should be based on the four main principles for evaluations at the Institute of Psychology, namely (1) the quantity of knowledge (theoretical / empirical); (2) the demonstration of insight (overview / understanding); (3) structure and use of concepts; and (4) independence and originality.
- Keep in mind our current situation and the challenges this spring when grading the exams. The student have not had the chance to meet each other or the lecturers in person. The lectures were all podcasts online, and there were limited opportunities for active participation where questions could be asked and topics could be clarified.

Exam questions:

English:

Answer two – 2 – of the following three – 3 – questions:

1. Are there any universal aspects to how lay people define “happiness” around the world? Discuss these findings in relation to how subjective wellbeing is defined and measured in research.
2. Discuss the relationships between socio-economic status (including income) and mental health and subjective wellbeing. How can we explain these relationships?
3. Discuss how conduct problems/antisocial behavior and depressive symptoms develop across adolescence and young adulthood.

Norsk:

Svar på to – 2 – av de tre – 3 – oppgavene:

1. Er det universelle aspekter ved hvordan folk definerer «lykke» i forskjellige deler i verden? Diskuter disse funnene i lys av hvordan subjektivt velvære (subjective wellbeing) blir definert og målt i forskning.
2. Diskuter sammenhenger mellom sosioøkonomisk status (inkludert inntekt) og psykisk helse og subjektivt velvære (subjective wellbeing). Hvordan kan vi forklare disse sammenhengene?
3. Diskuter hvordan atferdsproblemer/antisosial atferd og depressive symptomer utvikler seg gjennom ungdomsårene og ung voksen alder.

1. Are there any universal aspects to how lay people define “happiness” around the world? Discuss these findings in relation to how subjective wellbeing is defined and measured in research.

Relevant sources:

- Delle Fave, A., Brdar, I., Wissing, M. P., Araujo, U., Castro Solano, A., Freire, T., ... & Nakamura, J. (2016). Lay definitions of happiness across nations: The primacy of inner harmony and relational connectedness. *Frontiers in Psychology*, 7, 30.
- Diener, E., Lucas, R. E., & Oishi, S. (2018). Advances and open questions in the science of subjective well-being. *Collabra. Psychology*, 4, 1-49.
- Huppert, F. A. (2014). The state of wellbeing science: Concepts, measures, interventions, and policies. *Wellbeing: A complete reference guide*, 1-49.

Ideal answer:

- The candidate should in some way refer to the conclusion by Delle Fave et al. (2016): “Across countries and with little variation by age and gender, inner harmony predominated among psychological definitions, and family and social relationships among contextual definitions.” The students may also mention connectedness or interconnectedness as universal aspects, but then they should include an explanation where they state what the concept refers to (inner harmony, family and social relationships).
- The answer should include Diener’s conceptualisation of subjective wellbeing, involving life satisfaction/evaluation and positive affect/emotion and negative affect/emotion. Other wellbeing-definitions may be used in the discussion, but the best candidates will focus mainly on *subjective wellbeing* based on Diener’s conceptualisation. Bonus for describing SWLS (the Satisfaction with Life Scale) or other relevant measurements (i.e., Cantril’s ladder).
- Examples of relevant discussion points: discussing the results from Delle Fave et al.’s article in a critical manner; discussing conceptual similarities and differences between “happiness” and “subjective wellbeing”; qualitative and quantitative data; discussing potential implications (theoretical / empirical), or when and how both perspectives may be useful; discussing other interesting and relevant perspectives.

Minimum answer:

- The mention of inner harmony and social relations (incl. family) as universal aspects is expected to be a basic part of the answer. Also, a definition of subjective wellbeing is expected, as well as a basic discussion of how this relates to the universal aspects of happiness-definitions.

2. Discuss the relationships between socio-economic status (including income) and mental health and subjective wellbeing. How can we explain these relationships?

Relevant sources:

Several articles provide information about the relationship between socio-economic status and mental health and subjective wellbeing. The most central ones are:

- Carod-Artal, F. J. (2017). Social Determinants of Mental Health. In S. Bährer-Kohler & F. J. Carod-Artal (Eds.), *Global Mental Health: Prevention and Promotion* (pp. 33-46). Cham: Springer. doi: 10.1007/978-3-319-59123-0_4
- Conger, R. D., & Donnellan, M. B. (2007). An interactionist perspective on the socioeconomic context of human development. *Annual Review of Psychology*, 58, 175-199. doi:10.1146/annurev.psych.58.110405.085551
- Costello, E., Compton, S. N., Keeler, G., & Angold, A. (2003). Relationships between poverty and psychopathology: A natural experiment. *JAMA*, 290, 2023-2029. doi:10.1001/jama.290.15.2023
- Jebb, A. T., Tay, L., Diener, E., & Oishi, S. (2018). Happiness, income satiation and turning points around the world. *Nature Human Behaviour*, 2, 33-38.

Other parts of the curriculum are also relevant, such as:

- Diener, E., Lucas, R. E., & Oishi, S. (2018). Advances and open questions in the science of subjective well-being. *Collabra. Psychology*, 4, 1-49.
- Huppert, F. A. (2014). The state of wellbeing science: Concepts, measures, interventions, and policies. *Wellbeing: A complete reference guide*, 1-49.

Ideal answer:

- The candidate should provide information about how socio-economic factors are related to mental health and subjective wellbeing. Such factors should include income and other factors such as education.
- The candidate should provide an account of mechanisms that may explain the association between socio-economic status and mental health. Particularly, an explanation of both social selection and social causation mechanisms are important.
- The candidate should provide examples of specific social causation mechanisms, such as the Family Investment Model and the Family Stress Model. In addition to presenting theories on the origin of socio-economic gradients in mental health, empirical findings that may support the theories should be presented and evaluated. It is an advantage to describe some of empirical findings in detail (for example as described in the Costello et al. article).
- When grading, it is important to know that there is limited information about other socio-economic factors than income when talking about subjective wellbeing. Hence, only income is required for a full answer regarding subjective wellbeing (SWB).
- Examples of relevant discussion points for the relationship between income and SWB: the positive association between income and SWB; satiation points and turning points; differences between world regions (may also discuss gender and educational background); causality; group level vs individual level; other interesting and relevant discussion-topics. The focus could also be on parts of Diener et al.'s (2018) article or Huppert's (2014) article.
- Examples of possible explanations for the relationship between income and SWB: The fulfilling of basic needs, more opportunities for increases in SWB (examples of how increased income may lead to greater SWB). Bonus for discussing "absolute" vs "relative" effects, and possible explanations for the existence of satiation- and turning points.

Minimum answer:

The candidate should provide basic information about how socio-economic factors are related to mental health and wellbeing. The candidate should demonstrate that social gradients in mental health can be explained by two different fundamental mechanisms: Social causation and social selection, and/or provide explanations for the relation between income and SWB.

General considerations:

This essay spans a rather large curriculum. It may be that some students limit their answer to either mental health problems or subjective wellbeing. Although the very best candidates would include both perspectives, focusing on either or may also result in a good answer. It may also be that some students read the questions in a way that leads them to additionally describe the relationship between mental health and subjective wellbeing. This should not be seen as negative when grading, as long as the other elements are in place.

3. Discuss how conduct problems/antisocial behavior and depressive symptoms develop across adolescence and young adulthood.

Relevant sources:

Several articles and book chapters are relevant:

- Bridley, A., & Daffin, L. W. (2018). Essentials of Abnormal Psychology (1st ed.). Chapter 4 on mood disorders (pp. 90-105)
- Moffitt, T. E. (2018). Male antisocial behaviour in adolescence and beyond. *Nature Human Behaviour*, 2, 177-186. doi:10.1038/s41562-018-0309-4
- Piccinelli, M., & Wilkinson, G. (2000). Gender differences in depression: Critical review. *British Journal of Psychiatry*, 177, 486-492. doi:10.1192/bjp.177.6.486
- Steinberg, L. (2007). Risk taking in adolescence. *New perspectives from brain and behavioral science. Current Directions in Psychological Science*, 16, 55-59. doi: 10.1111/j.1467-8721.2007.00475.x

Ideal answer:

- The candidate should provide empirical information about the large increase in male conduct problems/antisocial behavior in adolescence and attempts to explain this increase. Moffitt's taxonomy of antisocial behavior and the division into adolescent limited and life course persistent antisocial behavior has a central place here. Moreover, attempts to explain adolescent risk taking should also be described. It should also be emphasized that most research in the field has focused on boys.
- The candidate should show that young adult women have highest levels of depressive symptoms, and should provide information about theories and empirical findings concerning the development of depressive symptoms/depression. This can also include a discussion of gender differences in depression and potential causes for such gender differences. *When grading the exam it is important to be aware that there is no article on the curriculum that focuses directly on how depressive symptoms develop from adolescence to young adulthood.*
- The candidate should to a certain degree discuss that antisocial behavior and depressive symptoms show differences in developmental patterns, for example related to gender differences and how depressive symptoms versus antisocial behavior is conceptualized. It could also be discussed how the findings and theories on antisocial behavior and depressive symptoms fit into general theories on conceptualization of mental health problems, such as the p-factor (see the article by Caspi & Moffitt, 2018).

Minimum answer:

The candidate should provide basic information about antisocial problems and their development through adolescence, with basic information about why we see a peak in adolescence among boys. The candidate should provide basic information about the prevalence of depressive symptoms/depression, provide some information about risk factors, and show that there are gender differences in depressive symptoms.