

## Grading guidelines PSY2208 Autumn 2023

### 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 is a four hours open-book school 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, the course webpage. 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.
- 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 checklists.
- The evaluation should be based on the four main principles for evaluations at the Department 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.

**1. What is the relationship between gratitude and happiness/wellbeing? Describe interventions/strategies to practice gratitude and discuss how these may affect happiness/wellbeing. Include reference to the positive-activity model in your answer.**

**Relevant sources:**

- Wood, A. M., Froh, J. J., & Geraghty, A. W. (2010). Gratitude and well-being: A review and theoretical integration. *Clinical Psychology Review*, 30, 890-905.
- Lyubomirsky, S., & Layous, K. (2013). How do simple positive activities increase wellbeing? *Current Directions in Psychological Science*, 22, 57-62.
- Helliwell, J. F. & Aknin, L. B. (2018). Expanding the social science of happiness. *Nature human behaviour*, 2(4), 248-252.
- 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.
- Other parts of the curriculum, as well as the information given in lectures 4 and 5, are also relevant.

**Ideal answer:**

- The candidate should provide a definition of gratitude and to some degree conceptualise happiness/wellbeing. Bonus for discussing gratitude as a state versus a trait/life orientation.
- The candidate should discuss the relationship between gratitude and happiness/wellbeing.
- Examples of interventions/strategies to practice gratitude include gratitude lists, grateful contemplation, and behaviour expressions of gratitude. More specific examples include, but are not limited to, the gratitude letter/the gratitude visit, counting one's blessings and the three good things exercise.
- The candidate may discuss mechanisms such as the strengthening of social ties, positivity bias, positive memories, positive reinterpretation, positive coping, positive self-image, positive affect/emotions, positive thoughts, positive behaviours, need satisfaction, and the broaden-and-build principles.
- The candidate should refer to the positive-activity model by Lyubomirsky & Layous, (2013) in their discussion of how simple positive activities related to gratitude may increase happiness/wellbeing. Bonus for discussing how features of the positive activities (e.g., dosage) and of the person (e.g., motivation) influence the degree to which the activities improve wellbeing, and the role of the person-activity fit.
- Bonus for critically evaluating empirical results and discussing potential limitations.

**Minimum answer:**

- A definition/description of the concept of gratitude is expected, as well as a basic discussion of how this relates to wellbeing. The candidate should include at least one example of interventions/strategies to practice gratitude.

**2. What are differences and similarities between depressive disorders and anxiety disorders? Discuss different perspectives on how we can explain comorbidity between these two types of disorders.**

**Relevant sources:**

- Bridley, A., & Daffin, L. W. (2018). Chapter 1 What is abnormal psychology? (pp. 13-41)
- Bridley, A., & Daffin, L. W. (2018). Chapter 3 Clinical assessment, diagnosis, and treatment (pp. 77-88)
- Bridley, A., & Daffin, L. W. (2018). Chapter 4 Mood disorders (pp. 90-105)
- Bridley, A., & Daffin, L. W. (2018). Chapter 5 Anxiety disorders (pp. 128-142)
- Caspi, A., & Moffitt, T. E. (2018). All for one and one for all: Mental disorders in one dimension. *American Journal of Psychiatry*, 175, 831-844.
- Jablensky, A. (2016). Psychiatric classifications: validity and utility. *World Psychiatry*, 15, 26-31.
- Other parts of the curriculum, as well as the information given in lectures 1 and 2, are also relevant.

**Ideal answer:**

- The candidate should provide a definition of depressive disorders and anxiety disorders, by referring to the most important symptoms that characterize depressive disorders and anxiety disorders. It is not necessary to address bipolar disorders.
- The candidate should describe similarities and differences between the two types of disorders. A major similarity is that both types of disorders are conceptualized as internalizing disorders.
- The candidate should define what is meant by comorbidity, and present information about the extent of comorbidity between depressive and anxiety disorders. Bonus for additionally discussing the concept of sequential comorbidity / shift from one disorder to another across time.
- The candidate should present how comorbidity is explained by traditional psychiatric nosology, where psychiatric disorders are considered categorical, independent, and distinct.
- The candidate should present how comorbidity is explained by dimensional conceptualizations of psychopathology, such as the “p factor”.
- The candidate should critically discuss advantages and disadvantages of the two perspectives in explaining the comorbidity. Bonus for discussing the implications of the two perspectives for research/prevention/treatment of depressive and anxiety disorders.

**Minimum answer:**

- A definition/description of depressive disorders and anxiety disorders is expected, as well as a definition of the term “comorbidity”, and how it can be applied to depressive and anxiety disorders. The candidate should at least provide how one of the perspectives explains comorbidity between the two types of disorders.

### **3. Can happy people be depressed? Discuss by taking into account different definitions and models of wellbeing.**

#### **Relevant sources:**

- 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.
- Bridley, A., & Daffin, L. W. (2018). Chapter 4 Mood disorders (pp. 90-105)
- Helliwell, J. F. & Aknin, L. B. (2018). Expanding the social science of happiness. *Nature human behaviour*, 2(4), 248-252.
- Other parts of the curriculum, as well as the information given in lectures 4 and 5, are also relevant.

#### **Ideal answer:**

- The candidate should provide an overview over different definitions and aspects of wellbeing, as for example hedonic and eudaimonic wellbeing. A description of how depression / depressive symptoms / depressive disorders are conceptualized should be included as well.
- The candidate should discuss models that propose that mental wellbeing and illbeing are opposite ends of a continuum versus models that propose that mental wellbeing and illbeing form different continua. Moreover, the candidate should discuss the relevance of these models when applying them to the relationship between wellbeing and depression / depressive symptoms.
- The candidate should describe empirical findings that are of relevance for the relationship between wellbeing and depression / depressive symptoms.
- The candidate should reflect on whether the relationship between wellbeing and depression / depressive symptoms is dependent on which definition/aspect of wellbeing is emphasized. For example, can depression coexist with hedonic wellbeing, but not eudaimonic wellbeing, or vice versa?
- Bonus if the candidate concludes by providing a well-reasoned answer to the question whether happy people can be depressed or not, irrespective of whether it is a “yes” or “no”.

#### **Minimum answer:**

- The candidate should provide a basic definition of wellbeing and depression / depressive disorders / depressive symptoms and should provide information about models that propose that wellbeing and illbeing are opposite ends of a continuum versus models that propose that mental wellbeing and illbeing form different continua. Moreover, the candidate should provide a basic discussion about the relevance to the relationship between wellbeing and depression.