

IB PSYCHOLOGY | SL AND HL

Health and Well-being

BONUS Model Essay — 15 MARKS • ANNOTATED • SECTION C

The Complete Revision Notes

Depression and obesity, for the new IB Psychology syllabus, first assessment 2027

ALSO INSIDE

A model 15-mark essay, annotated line by line back to these notes

10	20	6	2027
TOPICS	KEY STUDIES	IB CONCEPTS	FIRST EXAMS

JYOTIKA VARMANI

Excelling Psychology | excellingpsychology.com

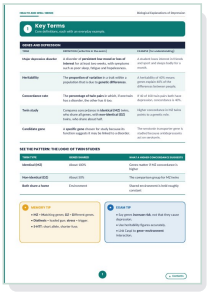
PREVIEW EDITION

One booklet for the whole context

Every topic in Health and Well-being for the new IB Psychology syllabus (first exams 2027), with depression as the disorder and obesity as the health problem. Written for SL and HL, laid out the same clear way from the first page to the last.

10	20	6	10	1
topics	key studies	IB concepts	one-page recaps	annotated model answer

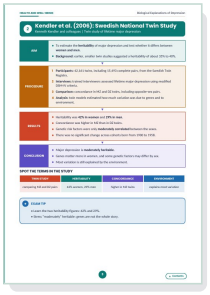
Every topic follows the same route



1

Key terms

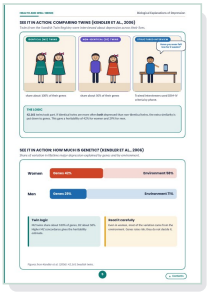
Exam-ready definitions, each with an everyday example.



2

Key studies

Aim, procedure, results and conclusion, cleanly set out.



3

See it in action

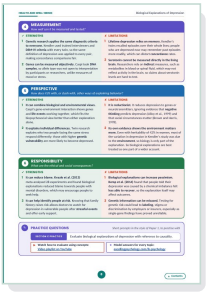
Illustrated pages that make each study stick.



4

Evaluation

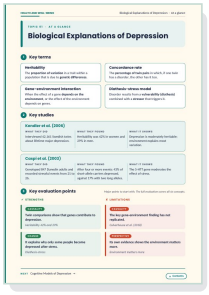
Strengths and limitations under all six IB concepts.



5

Practice

Short prompts in the style of Paper 1 to practise with.



6

At a glance

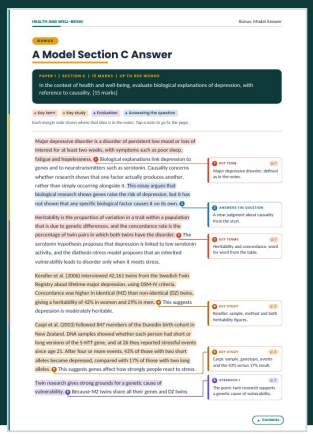
The whole topic on one page for the night before.

THE BONUS

A model 15-mark Section C answer

Written the way a strong HL student would write it, with margin notes that show exactly which page of the notes every key term, study and evaluation point comes from.

- ✓ Built from one topic only
- ✓ About 750 words
- ✓ 14 margin notes



In this preview

The contents and exam overview, one sample of each kind of page from six of the ten topics, and the opening of the model answer.

Contents

IN THIS PREVIEW
Highlighted entries are included. Tap one to go to it.

✓ IN PREVIEW Full booklet only

1 **Biological Explanations of Depression** ✓ IN PREVIEW · Key terms p. 1
Key terms p. 1 | Kendler et al. (2006) p. 3 | Caspi et al. (2003) p. 4 | Evaluation pp. 7-8 | At a glance

2 **Cognitive Models of Depression** ✓ IN PREVIEW · One illustrated page p. 9
Key terms p. 9 | Alloy et al. (1999) p. 11 | Caseras et al. (2007) p. 12 | Evaluation pp. 15-16 | At a glance

3 **Cultural Differences in Depression** ✓ IN PREVIEW · Kleinman (1982) p. 17
Key terms p. 17 | Kleinman (1982) p. 19 | Parker et al. (2001) p. 20 | Evaluation pp. 23-24 | At a glance

4 **Environmental Factors in Depression** ✓ IN PREVIEW · Evaluation, part p. 25
Key terms p. 25 | Brown and Harris (1978) p. 27 | Kendler et al. (1999) p. 28 | Evaluation pp. 31-32 | At a glance

5 **Stress and Health** p. 33
Key terms p. 33 | Kiecolt-Glaser et al. (1984) p. 35 | Cohen et al. (1991) p. 36 | Evaluation pp. 39-40 | At a glance

6 **Social Learning and Health** p. 41
Key terms p. 41 | Birch (1980) p. 43 | Christakis and Fowler (2007) p. 44 | Evaluation pp. 47-48 | At a glance

7 **Prevalence of Obesity** ✓ IN PREVIEW · At a glance p. 49
Key terms p. 49 | NCD-RisC (2016) p. 51 | Ogden et al. (2014) p. 52 | Evaluation pp. 55-56 | At a glance

8 **Biological Treatment of Depression** ✓ IN PREVIEW · Topic cover p. 57
Key terms p. 57 | Kirsch et al. (2008) p. 59 | Cipriani et al. (2018) p. 60 | Evaluation pp. 63-64 | At a glance

9 **Psychological Treatment of Depression** p. 65
Key terms p. 65 | Elkin et al. (1989) p. 67 | DeRubeis et al. (2005) p. 68 | Evaluation pp. 71-72 | At a glance

10 **Prevention and Treatment of Obesity** p. 73
Key terms p. 73 | Knowler et al. (2002) p. 75 | James et al. (2004) p. 76 | Evaluation pp. 79-80 | At a glance

INCLUDED | BONUS **Model Paper 1 Section C Answer** ✓ IN PREVIEW · Page 1 of 3
Biological explanations of depression and causality, 15 marks | 3 pages

▲ Contents

Where This Fits in the Exam

Based on the IB Psychology guide (first assessment 2027). Health and well-being is one of the four contexts and is examined in **Paper 1** and **Paper 2**. These notes use **depression** as the disorder and **obesity** as the health problem.

1. Syllabus topics and where to find them

Tap a row to go to that topic.

HEALTH AND WELL-BEING		
1 **Biological Explanations of Depression**	Kendler et al. (2006), Caspi et al. (2003)	p. 1 ›
2 **Cognitive Models of Depression**	Alloy et al. (1999), Caseras et al. (2007)	p. 9 ›
3 **Cultural Differences in Depression**	Kleinman (1982), Parker et al. (2001)	p. 17 ›
4 **Environmental Factors in Depression**	Brown and Harris (1978), Kendler et al. (1999)	p. 25 ›
5 **Stress and Health**	Kiecolt-Glaser et al. (1984), Cohen et al. (1991)	p. 33 ›
6 **Social Learning and Health**	Birch (1980), Christakis and Fowler (2007)	p. 41 ›
7 **Prevalence of Obesity**	NCD-RisC (2016), Ogden et al. (2014)	p. 49 ›
8 **Biological Treatment of Depression**	Kirsch et al. (2008), Cipriani et al. (2018)	p. 57 ›
9 **Psychological Treatment of Depression**	Elkin et al. (1989), DeRubeis et al. (2005)	p. 65 ›
10 **Prevention and Treatment of Obesity**	Knowler et al. (2002), James et al. (2004)	p. 73 ›

2. Paper 1 (SL and HL, 1 hour 30 minutes, 35 marks)

SECTION A — 8 marks

Two short answers: explain a theory or idea and give an example.

No topic from this context is set for Section A, so put your time into Sections B and C.

SECTION B — 12 marks

Two questions applying content to an unseen situation.

Use the **definitions plus the examples**. Practise matching a term to a new scenario, one sentence at a time.

SECTION C — 15 marks

One concept-based essay from two choices, each from a different context.

Build it from accurate **key terms**, **key studies** and the **strengths and limitations** under the concept. Allow about 40 minutes.

See the model answer ›

3. Paper 2

These notes are built for **Paper 1**. Paper 2 tests research methods and your class practical, but its Section B asks you to evaluate an unseen study using the six concepts, so the evaluation pages are good practice for it too.

A habit for every answer

Underline the command term and the concept in the question, then finish with a conclusion that answers it.

▲ Contents

1 Key Terms

Core definitions, each with an everyday example.

GENES AND DEPRESSION

TERM	DEFINITION (write this in the exam)	EXAMPLE (for understanding)
Major depressive disorder	A disorder of **persistent low mood or loss of interest** for at least two weeks, with symptoms such as poor sleep, fatigue and hopelessness.	A student loses interest in friends and sport and sleeps badly for a month.
Heritability	The **proportion of variation** in a trait within a population that is due to **genetic differences**.	A heritability of 40% means genes explain 40% of the differences between people.
Concordance rate	The **percentage of twin pairs** in which, if one twin has a disorder, the other has it too.	If 40 of 100 twin pairs both have depression, concordance is 40%.
Twin study	Compares concordance in **identical (MZ)** twins, who share all genes, with **non-identical (DZ)** twins, who share about half.	Higher concordance in MZ twins points to a genetic role.
Candidate gene	A **specific gene** chosen for study because its function suggests it may be linked to a disorder.	The serotonin transporter gene is studied because antidepressants act on serotonin.

SEE THE PATTERN: THE LOGIC OF TWIN STUDIES

TWIN TYPE	GENES SHARED	WHAT A HIGHER CONCORDANCE SUGGESTS
Identical (MZ)	About 100%	Genes matter if MZ concordance is higher
Non-identical (DZ)	About 50%	The comparison group for MZ twins
Both share a home	Environment	Shared environment is held roughly constant

✦ MEMORY TIP

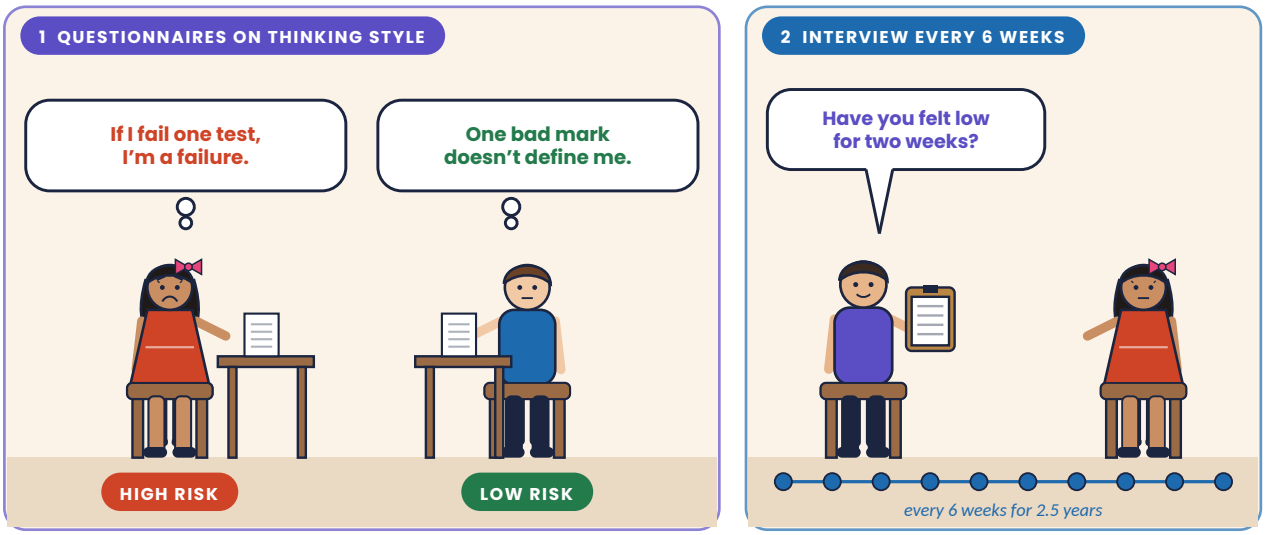
- **MZ** = **M**atching genes; **DZ** = **D**ifferent genes.
- **Diathesis** = loaded gun; **stress** = trigger.
- **5-HTT**: short allele, shorter fuse.

★ EXAM TIP

- Say genes **increase risk**, not that they cause depression.
- Use heritability figures accurately.
- Link Caspi to **gene–environment** interaction.

SEE IT IN ACTION: MEASURING THINKING FIRST (ALLOY ET AL., 1999)

First-year students with no history of depression filled in questionnaires, then were followed for 2.5 years.



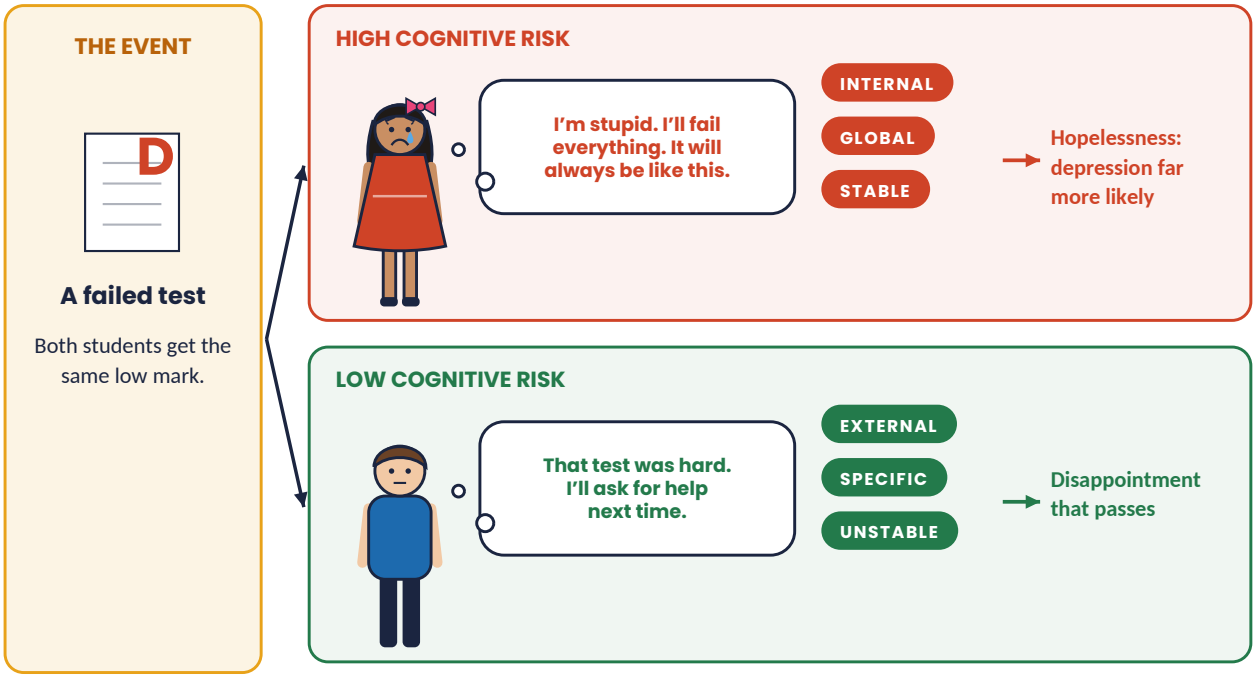
Students were sorted into **high** or **low cognitive risk** from their answers. Interviewers who did not know the groups then checked for depression every 6 weeks.

WHAT THEY FOUND

17% of high-risk students developed major depression, against **1%** of low-risk students.

SEE IT IN ACTION: ONE SETBACK, TWO WAYS OF THINKING

The same event leads to depression mainly when it is explained in an internal, global and stable way.



2 Kleinman (1982): Neurasthenia and Depression in China

Arthur Kleinman | Clinical and anthropological field study

AIM

- To investigate whether patients diagnosed with **neurasthenia** in China were experiencing **depression** expressed through bodily symptoms.
- **Background:** neurasthenia was a common diagnosis in China, while depression was rarely diagnosed.

PROCEDURE

1. **Participants:** 100 patients diagnosed with neurasthenia at the psychiatry outpatient clinic of Hunan Medical College.
2. **Interviews:** structured psychiatric interviews and in-depth interviews about the patients' lives.
3. **Diagnosis:** patients were assessed against DSM-III criteria.
4. **Treatment:** patients with major depression were given antidepressant medication and followed up.

RESULTS

- **87 of the 100** patients met DSM-III criteria for major depressive disorder.
- Patients mainly reported **physical complaints**, such as headaches, insomnia and dizziness.
- With antidepressants, 70% of those with depression improved substantially, and 87% improved to some degree.

CONCLUSION

- Much neurasthenia in China was depression expressed **somatically**.
- Culture shapes how distress is **experienced and reported**.
- Kleinman described neurasthenia as "bioculturally patterned."

SPOT THE TERMS IN THE STUDY

SOMATIZATION	NEURASTHENIA	ETIC	IDIOM OF DISTRESS
headaches and insomnia	the local diagnosis	DSM-III criteria applied	physical complaints

EXAM TIP

- Learn the key figure: 87 of 100 patients.
- Use it to show that diagnosis depends on how symptoms are expressed.

3 Evaluation: Environmental Factors

Bias · Causality · Change · Measurement · Perspective · Responsibility

1 BIAS

Is the explanation, or the research behind it, skewed by who was studied or by the researcher?

✓ STRENGTHS

1. **Life-event ratings were protected from bias. Brown and Harris (1978)** rated each event's threat from the facts of a woman's situation, not from how she felt about it, so depressed women's pessimism could not inflate the scores.
2. **Community and registry samples reduce sampling bias.** Brown and Harris sampled 458 women in the community, and **Kendler et al. (1999)** used a population twin registry, so findings are not limited to people who sought treatment.

✘ LIMITATIONS

1. **Women and men may react to different stressors.** Both key studies used only women. **Kendler et al. (2001)** found men were more affected by divorce and work problems and women by problems in their wider social network, so the explanation may not transfer.
2. **The samples are culturally narrow.** South London in the 1970s and Virginia twins may not represent cultures where **family support** or employment patterns differ, so the importance of particular stressors may vary.

2 CAUSALITY

Does the research show that one thing really causes another?

✓ STRENGTHS

1. **Co-twin comparisons support a causal effect.** Kendler et al. (1999) compared twins who share genes and family background and still found stressful events had a **substantial causal** effect on depression, ruling out genes and upbringing as the explanation.
2. **Stressful events usually come first.** Brown and Harris found all but **4 of 37** women who became depressed had a severe event or difficulty first; temporal order is needed for a causal claim.

✘ LIMITATIONS

1. **Part of the link is not causal.** Kendler et al. estimated about **one-third** of the association reflected people prone to depression putting themselves into stressful situations, so stress is partly a consequence of vulnerability.
2. **Depression can generate stress. Hammen (1991)** followed women with depression, bipolar disorder or medical illness and healthy women for a year: depressed women had more stressful events they had partly caused, such as conflicts, so the arrow can run both ways.

3 CHANGE

Does it explain how health and behavior change over time?

✓ STRENGTHS

1. **It explains when depression starts.** Kendler et al. (1999) found the risk of onset was highest in the **month** after a severe event, such as a death or divorce, which explains the timing of episodes better than stable explanations like genes.
2. **It explains how support can protect. Brown et al. (1986)** followed about 400 women in Islington and found those who received support from a close person during a crisis were much less likely to become depressed, pointing to routes for prevention.

✘ LIMITATIONS

1. **Social roles have changed.** Factors such as having **no paid work** outside the home may matter less for women today than in the 1970s, so the vulnerability factors may be dated.
2. **It explains first episodes better than recurrence. Kendler et al. (2000)** followed twins over nine years and found life events were less strongly linked to each successive episode, so later episodes need less stress, which the model does not fully explain.



LOCKED IN THIS PREVIEW

Measurement, perspective, responsibility

The rest of the Environmental Factors evaluation: strengths and limitations for the last three IB concepts, plus a practice prompt.

Unlock it at excellingpsychology.com

TOPIC 07 · AT A GLANCE

Prevalence of Obesity

1 Key terms

Prevalence
The **proportion of a population** who have a condition at a given time.

Body mass index (BMI)
Weight in kilograms **divided by height in metres squared**; 30 or more is obese in adults.

Obesogenic environment
An environment that **encourages weight gain** through cheap, high-energy food and little activity.

Self-report bias
Errors when people **report their own** weight or height, usually underestimating weight.

2 Key studies

NCD-RisC (2016)

WHAT THEY DID	WHAT THEY FOUND	WHAT IT SHOWS
Pooled measured BMI from 19.2 million adults in 186 countries, 1975 to 2014.	Obese adults rose from 105 million to 641 million.	Obesity has risen worldwide.

Ogden et al. (2014)

WHAT THEY DID	WHAT THEY FOUND	WHAT IT SHOWS
Measured height and weight of 9,120 people in a US national survey.	34.9% of adults and 16.9% of 2- to 19-year-olds were obese; no significant change since 2003-04.	US obesity is high but leveling off.

3 Key evaluation points

Major points to start with. The full evaluation covers all six concepts.

✓ STRENGTHS

CHANGE

It tracks change over decades.
105 to 641 million

BIAS

Prevalence research increasingly uses measured data.
NCD-RisC (2016)

✗ LIMITATIONS

CAUSALITY

Prevalence data are descriptive.
Descriptive only

MEASUREMENT

BMI is an indirect measure of fat.
BMI indirect

TOPIC

08 / 10



HEALTH AND WELL-BEING

Biological Treatment of Depression

IB Psychology | Revision Notes

1. **Key Terms**
   definitions and examples
2. **Key Studies**
   Kirsch et al. (2008), Cipriani et al. (2018)
3. **Evaluation**
   evaluation across the six IB concepts

BONUS

From notes to a 15-mark answer

Knowing the content is half the job. The other half is turning it into an essay under timed conditions. The full booklet ends with a complete Paper 1 Section C answer, so you can see what a well-built answer looks like when it is made only from these pages.

THE QUESTION | PAPER 1 | SECTION C | 15 MARKS

In the context of health and well-being, evaluate biological explanations of depression, with reference to causality.

Built from one topic: Biological Explanations of Depression

KEY TERMS	Major depressive disorder, heritability, concordance, twin studies, serotonin hypothesis, gene–environment interaction	pp. 1–2
KEY STUDIES	Kendler et al. (2006), Caspi et al. (2003)	pp. 3–4
EVALUATION	Two strengths and two limitations under Causality	pp. 7–8
JUDGMENT	A clear answer on causality in the first paragraph, carried through to the conclusion	

What makes it useful

- ✓ **About 750 words** within the 800 allowed, with every point fully developed.
- ✓ **A student's voice** clear and well argued, the way a top HL student writes, not a textbook.
- ✓ **14 margin notes** each joined by a line to the exact sentence it explains.
- ✓ **Tap to check** every note links straight to the page in the notes it draws on.

The first page of the answer follows.

BONUS

A Model Section C Answer

PAPER 1 | SECTION C | 15 MARKS | UP TO 800 WORDS

In the context of health and well-being, evaluate biological explanations of depression, with reference to causality. [15 marks]

● Key term ● Key study ● Evaluation ● Answering the question

Each margin note shows where that idea is in the notes. Tap a note to go to the page.

Major depressive disorder is a disorder of persistent low mood or loss of interest for at least two weeks, with symptoms such as poor sleep, fatigue and hopelessness. 1 Biological explanations link depression to genes and to neurotransmitters such as serotonin. Causality concerns whether research shows that one factor actually produces another, rather than simply occurring alongside it. This essay argues that biological research shows genes raise the risk of depression, but it has not shown that any specific biological factor causes it on its own. 2

Heritability is the proportion of variation in a trait within a population that is due to genetic differences, and the concordance rate is the percentage of twin pairs in which both twins have the disorder. 3 The serotonin hypothesis proposes that depression is linked to low serotonin activity, and the diathesis-stress model proposes that an inherited vulnerability leads to disorder only when it meets stress.

Kendler et al. (2006) interviewed 42,161 twins from the Swedish Twin Registry about lifetime major depression, using DSM-IV criteria. Concordance was higher in identical (MZ) than non-identical (DZ) twins, giving a heritability of 42% in women and 29% in men. 4 This suggests depression is moderately heritable.

Caspi et al. (2003) followed 847 members of the Dunedin birth cohort in New Zealand. DNA samples showed whether each person had short or long versions of the 5-HTT gene, and at 26 they reported stressful events since age 21. After four or more events, 43% of those with two short alleles became depressed, compared with 17% of those with two long alleles. 5 This suggests genes affect how strongly people react to stress.

Twin research gives strong grounds for a genetic cause of vulnerability. 6 Because MZ twins share all their genes and DZ twins

1 KEY TERM p. 1
Major depressive disorder, defined as in the notes.

2 ANSWERS THE QUESTION
A clear judgment about causality from the start.

3 KEY TERMS p. 1
Heritability and concordance, word for word from the table.

4 KEY STUDY p. 3
Kendler: sample, method and both heritability figures.

5 KEY STUDY p. 4
Caspi: sample, genotype, events and the 43% versus 17% result.

6 STRENGTH 1 p. 7
The point: twin research supports a genetic cause of vulnerability.

▲ Contents



LOCKED IN THIS PREVIEW

The answer continues

Two strengths and two limitations under causality, and a conclusion that weighs both sides. Then a panel showing every idea comes from one topic.

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THE FULL BOOKLET

Everything you need for Health and Well-being

You have seen how the pages work. The full booklet gives you the same treatment for every topic in the context, from the causes of depression to preventing obesity.

- ✓ **All 10 topics** every topic in the Health and Well-being context, using depression and obesity
- ✓ **20 key studies** each with aim, procedure, results and conclusion, plus illustrated pages
- ✓ **Full evaluation** strengths and limitations for every topic under bias, causality, change, measurement, perspective and responsibility
- ✓ **10 one-page recaps** the whole topic on a single page for quick revision
- ✓ **Practice prompts** a Section C practice prompt for every topic
- ✓ **The model answer** the complete answer, annotated line by line back to the notes
- ✓ **Fully linked** tap any contents entry, page reference or margin note to jump straight there

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Jyotika Varmani

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QUALIFICATIONS

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Post-Graduate Diploma in Higher Education

Tutoring experience
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