



ASSESSMENT and
QUALIFICATIONS
ALLIANCE

Mark scheme January 2003

GCE

Psychology A

Unit PYA2

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Unit 2: Physiological Psychology and Individual Differences

Quality of Written Communication (QoWC)

2 marks	The work is characterised by the accurate and clear expression of ideas, a broad range of specialist terms and only minor errors in grammar, punctuation and spelling.
1 mark	The work is characterised by a reasonable expression of ideas, the use of a reasonable range of specialist terms and few errors of grammar, punctuation and spelling.
0 marks	The work is characterised by a poor expression of ideas, limited use of specialist terms and poor grammar, punctuation and spelling.

Assessment Objectives One and Two

AO1	Assessment objective one = knowledge and understanding of psychological theories, terminology, concepts, studies and methods and communication of knowledge and understanding of psychology in a clear and effective manner.
AO2	Assessment objective two = analysis and evaluation of psychological theories, concepts, studies and methods and communication of knowledge and understanding of psychology in a clear and effective manner.

Section A: Physiological Psychology

1

Total for this question: 30 marks

- (a) (i) **Outline one physiological approach (e.g. drugs, biofeedback) to stress management.** (3 marks)
- (ii) **Describe one strength of the approach you have outlined in (i).** (3 marks)

Marking criteria

Although the specification refers specifically to the approaches mentioned in the question, other approaches can be justified as having a substantial physical component, in particular progressive muscle relaxation and even meditation techniques. To gain credit the physical aspect has to be explicitly mentioned. In (i) the outline may include types of drugs (e.g. anxiolytics, beta-blockers; if antidepressants are described their specific use in stress management must be explicit for them to gain credit), mechanisms of action, particular symptoms targeted etc, while the procedural aspect of biofeedback is likely to be popular.

Strengths of drugs include low cost, immediate effects and control of life-threatening symptoms. Advantages of biofeedback include involvement of the client in actively monitoring and controlling their condition and its effectiveness for some particular symptoms such as stress-related migraine. Part (ii) refers to the approach outlined in (i). If an approach is inappropriate for part (i), the candidate can still therefore gain marks in part (ii).

Marking allocation

Outline of one approach:

3 marks	Outline description of one physical approach is both accurate and detailed . For example, the candidate outlines the use of anxiolytic drugs and their mode of action.
2 marks	Outline description of one physical approach is limited . It is generally accurate but less detailed . For example the candidate may describe the use of anxiolytic drugs but not refer to their mode of action.
1 mark	Outline description of one physical approach is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate may offer only a basic and muddled account of the use of drugs in stress management.
0 marks	Outline description of one physical approach is inappropriate (for example, the candidate may offer an outline of a psychological approach) or the outline description is incorrect .

Outline of one strength:

3 marks	Outline description of one strength of the approach in (i) is both accurate and detailed . For example, the candidate details how drugs can target specific symptoms of stress.
2 marks	Outline description of one strength of the approach in (i) is limited . It is generally accurate but less detailed . For example, the candidate refers to drugs targeting the symptoms of stress but with less detail.
1 mark	Outline description of one strength of the approach in (i) is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate provides only a basic or muddled outline of how drugs are effective against stress-related symptoms.
0 marks	Outline description of one strength of the approach in (i) is inappropriate (for example, the candidate may refer to a strength of another approach) or the outline description is incorrect .

(b) Describe the findings and conclusions of one study of the effects of stress on the immune system.
(6 marks)

Marking criteria

There are a number of studies of stress and the immune system. Some, such as Kiecolt-Glaser's and Evans' use direct measures of immune function, while others, such as Cohen et al's study of the common cold, use indirect measures. This is acceptable as long as there is an explicit mention of the immune system in the conclusions. This could also apply to other studies, such as Brady's monkeys or life events and illness, where effects could be mediated through the immune system. The role of the immune system must be explicitly mentioned for marks across the scale. Answers that refer to such studies without an explicit reference to the immune system can receive a maximum of 2 marks. There is no requirement for a strict balance between findings and conclusions for marks across the scale, and this also enables some credit to be given to weaker answers where the candidate may not make a clear distinction.

If the answer is in general terms and although in the appropriate area does not identify a specific study, it can receive a maximum of 2 marks.

Marking allocations

6-5 marks	The description of the findings and conclusions of one study is both accurate and detailed . For example, the candidate has covered both findings and conclusions drawn from them, although not necessarily in the same amount of detail.
4-3 marks	The description of the findings and conclusions of one study is limited . It is generally accurate but less detailed . Alternatively, description of either the findings or the conclusions is accurate and detailed.
2-1 marks	The description of the findings and conclusions of one study is basic, lacking detail , and may be muddled and/or flawed . Alternatively, description of either the findings or the conclusions is generally accurate but less detailed.
0 marks	The description of the findings and conclusions of one study is inappropriate (for example, the candidate had described a study which was not concerned with stress and the immune system) or the description is incorrect .

(c) “A major problem with investigating workplace stress is that so many factors might be involved.”

Outline and evaluate research (theories and/or studies) into the workplace as a source of stress.
(18 marks)

Marking criteria

This question requires the candidate to be aware of factors in the workplace and to use research (which can refer to theories and/or studies) to discuss their contribution to stress. AO1 marks will be credited for description both of relevant factors, theories and/or research evidence. AO2 marks will be allocated to analysis of research and commentary on the role of workplace factors as a source of stress, and overall to the effective use of material.

There are many studies on the stressful nature of the workplace. Some, such as Johansson and Karasek, directly investigate the contribution of several factors and as such would be sufficient in their own right as research evidence. However, there is no plurality requirement in this question, and although unlikely, candidates could focus on the contribution of a single factor. Candidates may also introduce research evidence from areas not directly concerned with the workplace; these could include studies of overcrowding in non-human animals or the role of ‘control’ in learned helplessness. To receive credit, such findings must be explicitly linked to factors in the workplace, and evaluation could include their relevance to the issue.

Commentary could also include reviews of the range of factors involved, possible interactions between them, variations between different workplaces, dependence on role in the organisation, and possible contributions of variables such as gender and personality.

Candidates may introduce further theories/studies as a form of commentary/evaluation. The degree to which candidates use this material as part of a critical commentary, rather than simply describing alternatives, will constitute the effectiveness of the evaluation and hence the number of marks awarded for AO2. Candidates who offer no commentary may still be judged to have selected appropriate material and thus commentary can be described as ‘just discernible’.

Marking allocations

AO1

6-5 marks	Description of factors contributing to workplace stress and of relevant research is both accurate and detailed . For example, the candidate has described factors possibly contributing to workplace stress and presented Johansson’s sawmill study with accuracy and detail .
4-3 marks	Description of factors contributing to workplace stress and of relevant research is limited . It is generally accurate but less detailed . For example, the candidate has provided a generally accurate but less detailed account of factors possibly contributing to workplace stress and of Johansson’s sawmill study.
2-1 marks	Description of factors contributing to workplace stress and of relevant research is basic , lacking detail , and may be muddled and/or flawed . For example, the candidate has provided only a basic or muddled account of factors possibly contributing to workplace stress and of Johansson’s sawmill study.
0 marks	Description of factors contributing to workplace stress and of relevant research evidence is inappropriate or incorrect .

AO2

12-11 marks	There is an informed commentary on the extent to which factors in the workplace have been shown to be a source of stress, and reasonably thorough analysis of the relevant research. Material has been used in an effective manner , within the time constraints of answering this part of the question.
10-9 marks	There is a reasonable commentary on the extent to which factors in the workplace have been shown to be a source of stress, and slightly limited analysis of the relevant research. Material has been used in an effective manner .
8-7 marks	There is a reasonable commentary on the extent to which factors in the workplace have been shown to be a source of stress, and but limited analysis of the relevant research. Material has been used in a reasonably effective manner .
6-5 marks	There is a basic commentary on the extent to which factors in the workplace have been shown to be a source of stress, with limited analysis of the relevant research. Material has been used in a reasonably effective manner .
4-3 marks	There is superficial commentary on the extent to which factors in the workplace have been shown to be a source of stress, and rudimentary analysis of the relevant research. There is minimal interpretation of the material used.
2-1 marks	Commentary on the extent to which factors in the workplace have been shown to be a source of stress is just discernible (for example, through appropriate selection of material). Analysis of the relevant research is weak and muddled . The answer may be mainly irrelevant to the problem it addresses.
0 marks	Commentary on the extent to which factors in the workplace have been shown to be a source of stress is absent or wholly irrelevant to the problem it addresses.

2

Total for this question: 30 marks

(a) Describe two ways in which personality may modify the effects of stressors.

(3 marks + 3 marks)

Marking criteria

Candidates are likely to describe the Type A and Type B behaviour patterns and Kobasa's concept of the Hardy personality. It is important that they emphasise ways in which these aspects of personality modify effects of stressors i.e. Type A people possibly being more vulnerable to the effects of stress, and hardiness protecting against them. Description of each will only receive credit if linked to vulnerability/protective issues. Relevant research findings from Friedman, Rosenman, Kobasa etc are not required for marks in the top band, but can receive credit if used to support relevant description.

It is unlikely but possible that some candidates may bring in other aspects of personality, such as neuroticism or introversion. These should be marked on their merits i.e. the extent to which they answer the question. Personality and gender are explicitly separated in the specification and answers focusing purely on gender cannot receive credit. However if the candidate links gender to the question by, for instance, describing gender differences in the frequency of Type A behaviour, this would be acceptable.

Marking allocations

For each way:

3 marks	Description of one way personality may modify the effects of stressors is both accurate and detailed . For example, the candidate describes accurately and with detail how the elements of hardiness may protect against the effects of stressors.
2 marks	Description of one way personality may modify the effects of stressors is limited . It is generally accurate but less detailed . For example, the candidate offers a less detailed but accurate account of how hardiness protects against the effects of stressors.
1 mark	Description of one way personality may modify the effects of stressors is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate may offer only a basic or muddled account of hardiness in relation to stressors.
0 marks	Description of one way personality may modify the effects of stressors is inappropriate (for example the candidate may offer descriptions unrelated to personality) or incorrect .

(b) Outline findings of research into life changes as a source of stress.

(6 marks)

Marking criteria

It is likely that candidates will focus on Holmes and Rahe's original work on their life events scale and its relation to health. The emphasis is in findings, so descriptions of their procedures and the scale itself cannot receive credit, and neither can evaluative material. Findings can, however, be described in fairly general terms rather than focusing on specific studies. Holmes and Rahe and others have found significant correlations between life events and physical and psychological disorders, while others have failed to replicate these findings.

Life changes can be interpreted broadly, and single studies of e.g. bereavement, coping with illness, divorce and separation etc would all be relevant to this question. Work with the daily hassles scale would not receive credit, as hassles are not defined as life changes.

Marking allocations

6-5 marks	The outline of findings from research is both accurate and detailed . For example, the candidate has presented an accurate and detailed account of Holmes and Rahe's findings on life changes and health.
4-3 marks	The outline of findings from research is limited . It is generally accurate but less detailed . For example, the candidate has presented a generally accurate but less detailed account of Holmes and Rahe's findings on life changes and health.
2-1 marks	The outline of findings from research is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate presents only a muddled and flawed account of Holmes and Rahe's findings on life changes and health.
0 marks	The outline of findings from research is inappropriate (for example, the candidate has described findings not concerned with life changes) or the description is incorrect .

(c) Consider two psychological methods of stress management (e.g. stress-inoculation training, increasing hardiness) in terms of their strengths and weaknesses. (18 marks)

Marking criteria

AO1 marks on this question will be assessed on descriptions of two methods of stress management that will be necessary for effective consideration of their strengths and weaknesses. AO2 marks will be available for assessment of strengths and weaknesses.

There are many methods of stress management and each has its strengths and weaknesses. The question does not ask for explicit *comparison* of methods and this is not necessary for marks in the top bands. The question does require commentary on the methods, and this should include some overall assessment of the balance between strengths and weaknesses for the higher bands. Higher level comments on the range of methods available are again not required, but would receive credit as part of informed general commentary on strengths and weaknesses in this area.

A common problem is deciding what constitutes ‘psychological’. As even biofeedback involves self-monitoring, imagery, and relaxation techniques, only the use of drugs can be immediately disallowed. However, if a candidate chooses a method that can be categorised as either physical or psychological, there must be some reference to the psychological aspects for credit to be given.

As two methods are asked for, there is a partial performance penalty for AO1 and AO2 if only one is discussed (see marking allocations). If only strengths or weaknesses are discussed, a maximum of 10 marks can be awarded for AO2.

Candidates may introduce further theories/studies as a form of commentary/evaluation. The degree to which candidates use this material as part of a critical commentary, rather than simply *describing* alternatives, will constitute the *effectiveness* of the evaluation and hence the number of marks awarded for AO2. Candidates who offer no commentary may still be judged to have selected appropriate material and thus commentary can be described as ‘just discernible’.

Marking allocations

AO1

6-5 marks	The description of two psychological methods of stress management is both accurate and detailed . For example, the candidate provides accurate and detailed accounts of hardiness training and stress inoculation training.
4-3 marks	The description of two psychological methods of stress management is limited . It is generally accurate but less detailed . For example, the candidate provides accurate but less detailed accounts of hardiness training and stress inoculation training. Alternatively, description of one psychological method of stress management is accurate and detailed .
2-1 marks	The description of two psychological methods of stress management is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate may provide only a muddled account of hardiness training and stress inoculation training. Alternatively, description of one method of stress management is limited . It is generally accurate but less detailed .
0 marks	The description of two psychological methods of stress management is inappropriate or incorrect .

AO2

12-11 marks	There is an informed commentary on the strengths and weaknesses of two psychological methods of stress management and reasonably thorough analysis of the relevant psychological research. Material has been used in an effective manner , within the time constraints of answering this part of the question.
10-9 marks	There is a reasonable commentary on the strengths and weaknesses of two psychological methods of stress management and slightly limited analysis of the relevant psychological research. Material has been used in an effective manner .
8-7 marks	There is a reasonable commentary on the strengths and weaknesses of two psychological methods of stress management and limited analysis of the relevant psychological research. Material has been used in a reasonably effective manner . <i>Partial performance is informed and reasonably thorough. Material has been used in an effective manner.</i>
6-5 marks	There is a basic commentary on the strengths and weaknesses of two psychological methods of stress management with limited analysis of the relevant psychological research. Material has been used in a reasonably effective manner . <i>Partial performance is reasonable but slightly limited. Material has been used in a reasonably effective manner.</i>
4-3 marks	There is superficial commentary on the strengths and weaknesses of two psychological methods of stress management and rudimentary analysis of the relevant psychological research. There is minimal interpretation of the material used. <i>Partial performance is basic with limited analysis. Material has been used in a reasonably effective manner.</i>
2-1 marks	Commentary on the strengths and weaknesses of two psychological methods of stress management is just discernible (for example, through appropriate selection of material). Analysis is weak and muddled . The answer may be mainly irrelevant to the problem it addresses. <i>Partial performance is superficial and rudimentary. There is minimal interpretation.</i>
0 marks	Commentary on the strengths and weaknesses of two psychological methods of stress management is wholly irrelevant to the problem it addresses.

Section B: Individual Differences

3

Total for this question: 30 marks

(a) Outline two limitations of the definition of abnormality as “deviation from ideal mental health”.
(3 marks + 3 marks)

Marking criteria

Candidates may present detailed accounts of Jahoda’s criteria for ideal mental health, but unless explicitly linked to the question of limitations these cannot receive credit. One way to do this would be to illustrate limitations using examples of the criteria, such as ‘autonomy’. There are several limitations for candidates to choose from, including the ‘ideal’ nature of the criteria and the fact that few if any attain them; so abnormality would be widespread. They are also highly subjective and based on Western concepts of behaviour and social norms, so cultural relativity is a major limitation. For marks in the top band, limitations must be specifically linked to ‘deviation from ideal mental health’.

Note that this definition of abnormality is particularly easy to confuse with the ‘failure to function adequately’ approach.

Marking allocations

For each limitation:

3 marks	Outline of one limitation of the ‘deviation from ideal mental health’ model of abnormality is both accurate and detailed . For example, the candidate may offer a detailed and accurate description of various criteria and how few people would actually satisfy them.
2 marks	Outline of one limitation of the ‘deviation from ideal mental health’ model of abnormality is limited . It is generally accurate but less detailed . For example, the candidate may offer a less detailed but generally accurate account of the criteria and how few people would actually satisfy them.
1 mark	Outline of one limitation of the ‘deviation from ideal mental health’ model of abnormality is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate may offer only a basic description of the criteria and a muddled account of the difficulty of satisfying them.
0 marks	Outline of one limitation of the ‘deviation from ideal mental health’ model of abnormality is inappropriate (for example, the candidate may outline a different model) or the description is incorrect .

(b) Outline one assumption made by the biological (medical) model in relation to the treatment of abnormality. (6 marks)

Marking criteria

Assumptions of the medical model in relation to treatment are linked to assumptions on causality i.e. that abnormality is caused by physical changes in the brain, so that treatments in turn will involve directly influencing brain structure and function. This can be done by using drugs or electro-convulsive therapy to alter neurotransmitter activity, or by using psychosurgery to destroy parts of the brain. The assumption chosen can refer to the need to directly alter brain function or to the treatments used. Simple reference to a treatment can receive one mark, but to reach the higher bands there must be further description and/or some link to brain function and assumptions of the medical model. However detailed, descriptions of treatment methods are limited to 4 marks unless the linkage is present.

Evaluation of biological treatments such as drugs is not relevant to this question and cannot receive marks. Candidates may also describe drug treatment of stress and anxiety from 'Physiological Psychology'. Given the overlapping nature of stress, anxiety and abnormality, such material can be credited in answers to this question.

Marking allocations

For each assumption:

6-5 marks	Outline description of one assumption of the biological model for the treatment of abnormality is both accurate and detailed . For example, the candidate gives an accurate account of the assumption that treatments should directly affect brain function, or gives an accurate account of a treatment and links it into assumptions of the model.
4-3 marks	Outline description of one assumption of the biological model for the treatment of abnormality is limited . It is generally accurate but less detailed . For example, the candidate may give a less detailed but generally accurate account of the assumption that treatments should directly affect brain function, or gives an accurate and detailed account of one treatment.
2-1 marks	Outline description of one assumption of the biological model for the treatment of abnormality is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate may give only a basic outline of the assumption that treatments should directly affect the brain, or gives only a basic account of one treatment.
0 marks	Outline description of one assumption of the biological model for the treatment of abnormality is inappropriate (for example, the candidate has described an alternative model) or the description is incorrect .

(c) Briefly outline two or more explanations of anorexia nervosa and evaluate these explanations using research evidence (theories and/or studies). (18 marks)

Marking criteria

This is a straightforward question requiring the candidate to outline and evaluate two or more attempts to explain anorexia nervosa. AO1 marks will be allocated for description of possible explanations. AO2 marks will be allocated to the review and evaluation of research evidence if used effectively.

There are many explanations proposed, ranging from biological (genetic contributions and the role of brain malfunctions), through behavioural (social learning and conditioning), to psychoanalytic and the family systems approach. Evidence is not restricted to research findings, but to theory construction as well. Better answers, though, are likely to use research findings effectively to support or criticise possible explanations.

Reasonable and informed commentary should also encompass the probable multifactorial nature of anorexia nervosa and the lack of clear support for any single explanation.

Description of the clinical characteristics of anorexia nervosa is not required by the question, and cannot receive credit unless linked to possible explanations e.g. the possible connection between amenorrhoea and psychoanalytic interpretations, or weight loss and hypothalamic dysfunction.

At least two explanations are required and candidates who present only one will be subject to a partial performance penalty (see marking allocations).

Candidates may introduce further theories/studies as a form of commentary/evaluation. The degree to which candidates use this material as part of a critical commentary, rather than simply *describing* alternatives, will constitute the *effectiveness* of the evaluation and hence the number of marks awarded for AO2. Candidates who offer no commentary may still be judged to have selected appropriate material and thus commentary can be described as ‘just discernible’.

Marking allocations

AO1

6-5 marks	The outline of explanations of anorexia nervosa is both accurate and detailed . For example, the candidate gives accurate and detailed accounts of biological and psychoanalytic approaches.
4-3 marks	The outline of explanations of anorexia nervosa is limited . It is generally accurate but less detailed . For example, the candidate gives generally accurate but less detailed accounts of biological and psychoanalytic approaches. <i>Alternatively, the outline of one explanation is accurate and detailed.</i>
2-1 marks	The outline of explanations of anorexia nervosa is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate gives only a basic and muddled account of biological and psychoanalytic approaches. <i>Alternatively, the outline of one explanation is limited. It is generally accurate but less detailed.</i>
0 marks	The description of explanations of anorexia nervosa is inappropriate (for example, the candidate is referring to another disorder) or incorrect .

AO2

12-11 marks	There is an informed commentary on explanations for anorexia nervosa and reasonably thorough analysis of the relevant psychological research. Material has been used in an effective manner , within the time constraints of answering this part of the question.
10-9 marks	There is a reasonable commentary on explanations for anorexia nervosa and slightly limited analysis of the relevant psychological research. Material has been used in an effective manner.
8-7 marks	There is a reasonable commentary on explanations for anorexia nervosa with limited analysis of the relevant psychological research. Material has been used in a reasonably effective manner. <i>Partial performance is informed and reasonably thorough. Material has been used in an effective manner.</i>
6-5 marks	There is a basic commentary on explanations of anorexia nervosa with limited analysis of the relevant psychological research. Material has been used in a reasonably effective manner. <i>Partial performance is reasonable but slightly limited. Material has been used in a reasonably effective manner.</i>
4-3 marks	There is superficial commentary on explanations for anorexia nervosa and rudimentary analysis of the relevant psychological research. There is minimal interpretation of the material used. <i>Partial performance is basic with limited analysis. Material has been used in a reasonably effective manner.</i>
2-1 marks	Commentary on explanations for anorexia nervosa is just discernible (for example, through appropriate selection of material). Analysis is weak and muddled . The answer may be mainly irrelevant to the problem it addresses. <i>Partial performance is superficial and rudimentary. There is minimal interpretation.</i>
0 marks	Commentary on explanations for anorexia nervosa is wholly irrelevant to the problem it addresses.

4

Total for this question: 30 marks

(a) Outline two assumptions of the psychodynamic model in relation to the causes of abnormality.
(3 marks + 3 marks)

Marking criteria

It is likely that many candidates will produce general accounts of psychodynamic ideas without necessarily clearly distinguishing two assumptions. We should be flexible in how we approach such answers, as it is in the nature of the area that ideas overlap. Assumptions that are likely to be popular include the emphasis on unconscious processes, the importance of negotiating the psychosexual stages, and the balance between id, ego, and superego. Better answers should link assumptions e.g. fixation at one particular stage, or dominance of the superego, with adult psychological disorders. Answers covering psychodynamic ideas with no reference to abnormality cannot receive credit.

Marking allocations

For each assumption:

3 marks	Outline description of one assumption is both accurate and detailed . For example, the candidate can provide an accurate outline of the process of ‘repression’ and how it relates to neurotic disorders.
2 marks	Outline description of one assumption is limited . It is generally accurate but less detailed . For example, the candidate can provide an outline of the process of ‘repression’ and a less detailed account of how it relates to neurotic disorders.
1 mark	Outline description of one assumption is basic, lacking detail , and may be muddled and/or flawed . For example, the description of ‘repression’ and how it relates to abnormal behaviour is basic and muddled.
0 marks	Outline description of one assumption is inappropriate (for example, the candidate has described an assumption of the behavioural model of abnormality) or the description is incorrect .

(b) Describe the findings and conclusions of one study of bulimia nervosa.

(6 marks)

Marking criteria

The specification refers to ‘research studies’ in relation to eating disorders and candidates should therefore be aware of research into bulimia. The most popular study is likely to be Kendler et al’s (1991) work with female MZ and DZ twins, that found concordance rates of 23% (MZ) and 9% (DZ) for bulimia nervosa. Other possibilities include low levels of serotonin in bulimia (Mitchell, Wurtman etc), or of noradrenaline (Fava), while many studies have looked at cognitive and emotional factors, and family dynamics. Particularly in the latter area candidates may present fairly general findings and conclusions, but as long as there is some reference to a study the answer should be treated sympathetically.

Much work on bulimia overlaps with that on anorexia nervosa, and some studies simply refer to ‘eating disorders’. As long as findings are relevant to bulimia they can receive credit.

There is no requirement for findings and conclusions to be perfectly balanced for marks across the scale.

Marking allocations

6-5 marks	Description of findings and conclusions of one study of bulimia nervosa is both accurate and detailed . For example, the candidate gives an accurate and detailed account of the findings and conclusions of Kendler’s twin study, although not necessarily in the same amount of detail.
4-3 marks	Description of findings and conclusions of one study of bulimia nervosa is limited . It is generally accurate but less detailed . For example, the candidate gives a less detailed but generally accurate account of the findings and conclusions of Kendler’s twin study. Alternatively, description of <i>either</i> the findings <i>or</i> the conclusions is accurate and detailed .
2-1 marks	Description of findings and conclusions of one study of bulimia nervosa is basic , lacking detail , and may be muddled and/or flawed . For example, the candidate gives only a basic and muddled account of Kendler’s twin study.
0 marks	Description of findings and conclusions of one study of bulimia nervosa is inappropriate (for example, the candidate describes research into anorexia nervosa) or incorrect .

(c) “A constant problem in studying abnormal behaviour is the difficulty of finding a reliable definition of abnormality.”

Briefly outline and evaluate two or more attempts to define abnormality. (18 marks)

Marking criteria

AO1 marks on this question will be awarded for description of two or more attempts to define abnormality. AO2 marks will be credited for effective use of the material, analysis of the different attempts, and commentary on the issues raised by the question.

Candidates are likely to evaluate two or more of the attempts listed in the specification, but others, such as personal distress, would also be relevant. All have various drawbacks, but variation is likely in the accuracy and detail of how, for example, ‘cultural relativity’ affects the different approaches.

It could be seen to be more relevant to a social norm model, for example, than a statistical one.

(This is part of a general issue that weaker candidates have trouble clearly distinguishing between different definitions e.g. statistical infrequency and deviation from social norms).

Better candidates should be able to make effective use of examples of abnormality across cultures. Positive comments would also be relevant, although not essential to an answer, and could also include commentary on the use and value of such definitions. There is no requirement for candidates to explicitly compare two or more models, but this could be seen as part of general commentary and evaluation and can therefore receive credit.

Abnormality can also be defined in terms of classification systems such as DSM and ICD, which are not on the AS specification but candidates also attempting Module 4 could refer to them. Similarly, **models** of abnormality could be seen to include ‘definitions’ and if used appropriately should receive credit.

The question requires two or more attempts to be considered. There is therefore a partial performance penalty for candidates presenting only one.

Candidates may introduce further theories/studies as a form of commentary/evaluation. The degree to which candidates use this material as part of a critical commentary, rather than simply *describing* alternatives, will constitute the *effectiveness* of the evaluation and hence the number of marks awarded for AO2. Candidates who offer no commentary may still be judged to have selected appropriate material and thus commentary can be described as ‘just discernible’.

Marking allocations

AO1

6-5 marks	Description of two or more attempts to define abnormality is both accurate and detailed . For example, the candidate gives an accurate and detailed account of statistical infrequency and deviation from social norms attempts.
4-3 marks	Description of two or more attempts to define abnormality is limited . It is generally accurate but less detailed . For example, the candidate gives generally accurate but less detailed accounts of the statistical infrequency and deviation from social norms attempts. <i>Alternatively, description of one attempt is accurate and detailed.</i>
2-1 marks	Description of two or more attempts to define abnormality is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate gives only a basic and muddled account of the statistical infrequency and deviation from social norms approaches. <i>Alternatively, description of one attempt is limited, generally accurate but less detailed.</i>
0 marks	Description of two or more attempts to define abnormality is inappropriate (for example, the candidate discusses models of the causes of abnormality) or the description is incorrect .

AO2

12-11 marks	There is an informed commentary on two or more attempts to define abnormality and reasonably thorough analysis of the relevant psychological research. Material has been used in an effective manner, within the time constraints of answering this part of the question.
10-9 marks	There is a reasonable commentary on two or more attempts to define abnormality and slightly limited analysis of the relevant psychological research. Material has been used in an effective manner.
8-7 marks	There is a reasonable commentary on two or more attempts to define abnormality and limited analysis of the relevant psychological research. Material has been used in a reasonably effective manner. <i>Partial performance is informed and reasonably thorough. Material has been used in an effective manner.</i>
6-5 marks	There is a basic commentary on two or more attempts to define abnormality with limited analysis of the relevant psychological research. Material has been used in a reasonably effective manner. <i>Partial performance is reasonable but slightly limited. Material has been used in a reasonably effective manner.</i>
4-3 marks	There is superficial commentary on two or more attempts to define abnormality and rudimentary analysis of the relevant psychological research. There is minimal interpretation of the material used. <i>Partial performance is basic with limited analysis. Material has been used in a reasonably effective manner.</i>
2-1 marks	Commentary on two or more attempts to define abnormality is just discernible (for example, through appropriate selection of material). Analysis is weak and muddled . The answer may be mainly irrelevant to the problem it addresses. <i>Partial performance is superficial and rudimentary. There is minimal interpretation.</i>
0 marks	Commentary on attempts to define abnormality is absent or wholly irrelevant to the problem it addresses.

Assessment grid

Question	AO1	AO2	Totals
1(a)	6		6
(b)	6		6
(c)	6	12	18
Total for Q1	18	12	30
2(a)	6		6
(b)	6		6
(c)	6	12	18
Total for Q2	18	12	30
3(a)	6		6
(b)	6		6
(c)	6	12	18
Total for Q3	18	12	30
4(a)	6		6
(b)	6		6
(c)	6	12	18
Total for Q4	18	12	30
QoWC	2		2
Total for unit	38	24	62
% weighting AS	20.4	12.9	
% weighting A Level	10.2	6.5	