

## General Certificate of Education

# Psychology 5181/6181 *Specification A*

## *PYA2 Physiological Psychology and Individual Differences*

# Mark Scheme

## *2006 examination – January series*

Mark schemes are prepared by the Principal Examiner and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation meeting attended by all examiners and is the scheme which was used by them in this examination. The standardisation meeting ensures that the mark scheme covers the candidates' responses to questions and that every examiner understands and applies it in the same correct way. As preparation for the standardisation meeting each examiner analyses a number of candidates' scripts: alternative answers not already covered by the mark scheme are discussed at the meeting and legislated for. If, after this meeting, examiners encounter unusual answers which have not been discussed at the meeting they are required to refer these to the Principal Examiner.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of candidates' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

## UNIT 2 (PYA2)

### PHYSIOLOGICAL PSYCHOLOGY AND INDIVIDUAL DIFFERENCES

#### QUALITY OF WRITTEN COMMUNICATION (QoWC)

<b>2 marks</b>	The work is characterised by <b>clear</b> expression of ideas, a <b>good</b> range of specialist terms and <b>only few errors</b> in grammar, punctuation and spelling that detract from the clarity of the material.
<b>1 mark</b>	The work is characterised by <b>reasonable</b> expression of ideas, the use of <b>some</b> specialist terms and <b>errors</b> of grammar, punctuation and spelling that detract from the clarity of the material.
<b>0 marks</b>	The work is characterised by <b>poor</b> expression of ideas, <b>limited</b> use of specialist terms, <b>errors and poor</b> grammar, punctuation and spelling and legibility which obscure the clarity of the material.

#### ASSESSMENT OBJECTIVES ONE AND TWO

<b>AO1</b>	Assessment objective one = knowledge and <b>understanding</b> of psychological theories, terminology, concepts, studies and methods and communication of knowledge and understanding of psychology in a clear and effective manner.
<b>AO2</b>	Assessment objective two = analysis and <b>evaluation</b> of psychological theories, concepts, studies and methods and communication of knowledge and understanding of psychology in a clear and effective manner.
<b>AO3</b>	Assessment objective three = <b>design, conduct</b> and <b>report</b> psychological investigation (s) choosing from a range of methods, and taking into account the issues of reliability, validity and ethics, and collect and draw conclusions from the data.

1 (a) Outline **two** ways in which the body responds to stressors.

(3 marks + 3 marks)

Marking Criteria	Marks	Performance Descriptions (for each way)
<p>By bodily responses, we would normally mean some physical response mediated by the nervous or endocrine systems. This could be short term (eg ANS arousal) or long term (eg pathology). In most cases answers along such lines should be relatively easy to assess for relevance. However, problems will result from candidates who stray into what might be more appropriately regarded as psychological responses (eg anxiety, depression, cognitive impairment, PTSD). It is reasonable to assume that unless some physical manifestation or mediating bodily response is identified, then the answer can not be considered relevant.</p> <p>This question can be approached at broadly two levels of generality, and both can lead to acceptable responses. Thus some candidates might appropriately identify the fight-or-flight response as a generic response to stress, while others might differentiate the separate components of ANS arousal that go to make up the response. In similar fashion, it could be argued that the general adaptation syndrome (GAS) is a single bodily response to stress, and at the same time three (at least) separate responses. Markers will firstly have to identify whether two bodily responses have been identified, and then assess the level of detail for each. In some cases it may be necessary to consider a number of different permutations in order to do the best for the candidate.</p>	<p><b>3</b></p>	<p><b>Accurate and reasonably detailed</b></p> <p>The candidate provides an accurate and reasonably detailed outline description of ways in which the body responds to stressors that demonstrates relevant knowledge and understanding. For example, the candidate provides a detailed account of one aspect of arousal resulting from stress, including how the ANS and/or endocrine pathways mediate this response.</p>
	<p><b>2</b></p>	<p><b>Less detailed but generally accurate</b></p> <p>The candidate provides a less detailed but generally accurate outline description of ways in which the body responds to stressors that demonstrates relevant knowledge and understanding. For example, the candidate correctly identifies an aspect of ANS arousal, but provides only a brief account of mechanisms or effects.</p>
	<p><b>1</b></p>	<p><b>Basic</b></p> <p>The candidate provides a basic outline description of ways in which the body responds to stressors that demonstrates some relevant knowledge but lacks detail and may be muddled. For example, the effect on heart rate is identified but not elaborated.</p>
	<p><b>0</b></p>	<p><b>Flawed or inappropriate</b></p> <p>The candidate provides an outline description which is flawed or an inappropriate outline description that fails to demonstrate any knowledge or understanding of the topic.</p>

1 (b) Describe **one** physiological approach to stress management (eg drugs, biofeedback).

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>The use of drugs and biofeedback figure as examples of physiological approaches, both in the specification and in the question, so most relevant responses could be expected to be drawn from these. This does not preclude other possibilities (eg relaxation, exercise, meditation), providing it is made clear that these are targeting bodily systems.</p> <p>A candidate might identify a generic method such as drugs and provide a relatively broad outline of a number of different aspects (type of drug, methods of action, etc). Such an approach should, in principle, attract as much credit as one that focuses on the action of one particular drug.</p> <p>No evaluation is required, but examiners should be alert to the fact that some candidates may demonstrate greater understanding of the topic through reference to limitations/strengths.</p>	6	<p><b>Accurate and reasonably detailed</b></p> <p>The candidate provides an accurate and reasonably detailed description of one physiological approach to stress management that demonstrates relevant knowledge and understanding. For example, the candidate might explain in detail the rationale behind the use of anti-anxiety drugs as a (short term) management strategy for stress.</p>
	5-4	<p><b>Less detailed but generally accurate</b></p> <p>The candidate provides a less detailed but generally accurate description of one physiological approach to stress management that demonstrates relevant knowledge and understanding. For example, the candidate may identify the use of drugs as a method and give a list of different types of drugs that could be prescribed, but make little or no reference to issues such as the rationale behind their use.</p>
	3-2	<p><b>Basic</b></p> <p>The candidate provides a basic description of one physiological approach to stress management that demonstrates some relevant knowledge but lacks detail and may be muddled. For example, the use of one particular anti-anxiety drug might be identified but with little elaboration about its appropriate use or effects.</p>
	1-0	<p><b>Very brief/flawed or inappropriate</b></p> <p>The candidate provides an outline description which is very brief/flawed or an inappropriate outline description that fails to demonstrate any knowledge or understanding of the topic.</p>

1 (c) ‘Research has shown that factors such as personality and gender can affect how people cope with stress.’

Discuss ways in which individual differences can modify the effects of stressors.

(18 marks)

<b>Marking Criteria</b>	
<p><b>AO1</b> credit should be given for description of ways in which individual differences such as personality and gender mediate the stress response, and/or explanations of mechanisms.</p> <p><b>AO2</b> credit should be given to any legitimate attempt to analyse and evaluate the possibility of individual differences, including using relevant research studies. The candidate may also evaluate relevant studies into and explanations of differences, including making comparisons between competing explanations.</p> <p>The approach taken could involve either breadth (a number of aspects/studies/theories briefly outlined) or depth (selected research in detail). Note that if only research studies are given (ie one or more ‘key’ studies), description of the study could be credited under AO1 and evaluation of the study under AO2. However, it is unlikely that sufficient AO2 material could be drawn from just one study, to achieve the highest bands. On the other hand, answers that try to cover too much ground may also lack quality in the evaluation of research.</p> <p>This subject area is highly controversial, and so there should be no shortage of evaluative material to select from. In the case of personality, at least two major lines of research have investigated Type A behaviour, and the Hardy personality. Both ‘theories’ cite some empirical research in their favour, but are still, it is fair to say, controversial. In the case of gender, it has been suggested that men and women respond differently to stress because of biological makeup.</p>	<p>For example, Frankenhaeuser et al (1976) compared boys and girls taking examinations and found that boys showed a more rapid rise in stress hormone levels that took longer to return to normal. Performance in the exam was similar, as were reported levels of stress. This finding is echoed in a number of studies: men show more arousal when stressed than women. In other words that males and females react differently to stressors. Other research has suggested that gender and personality may interact. Thus, women seem to be less likely to show Type A personality behaviour. Yet other research suggests that the differences have a social origin, rather than biological. For example, women have more extensive, and by implication more supportive, social networks, to modify the effects of stressors and that this may account for lower mortality rates in women. An important criticism of much research into gender and stress concerns the fact that many studies use morbidity and mortality as indicators of ‘hardiness’. This introduces an obvious confounding variable: lifestyle differences. For example, there have been historically lower rates of smoking and drinking in women (though this is changing).</p>

1 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
	<b>AO1:</b> Outline of ways in which individual differences can modify the effects of stressors.		<b>AO2:</b> Evaluation and use of research into ways in which individual differences can modify the effects of stressors.
<b>6</b>	<b>Accurate and reasonably detailed</b> The candidate provides an accurate and reasonably detailed description of ways in which individual differences can modify the effects of stressors that demonstrates relevant knowledge and understanding. For example, the candidate presents an overview of how people with different personality types and/or gender respond to stress, or one of these in more detail.	<b>12-10</b>	<b>Informed commentary</b> <ul style="list-style-type: none"> <li>• Within the time constraints for this part of the question, there is effective use of material to address the question and provide an informed commentary.</li> <li>• Effective analysis and evaluation of material.</li> <li>• Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth.</li> <li>• The structure is generally clear and coherent.</li> </ul>
<b>5-4</b>	<b>Less detailed but generally accurate</b> The candidate provides a less detailed but generally accurate description of ways in which individual differences can modify the effects of stressors that demonstrates relevant knowledge and understanding. For example, only gender may be considered with limited detail on gender differences.	<b>9-7</b>	<b>Reasonable commentary</b> <ul style="list-style-type: none"> <li>• There is appropriate selection of material to address the question, but this is not always used effectively to produce a reasonable commentary.</li> <li>• Reasonable analysis and evaluation of material.</li> <li>• A range of issues and/or evidence in limited depth, or a narrower range in greater depth.</li> </ul>
<b>3-2</b>	<b>Basic</b> The candidate provides a basic description of ways in which individual differences can modify the effects of stressors that demonstrates some relevant knowledge but lacks detail and may be muddled. For example, a number of specific personality or gender differences may be identified, but with little further explanation.	<b>6-4</b>	<b>Basic commentary</b> <ul style="list-style-type: none"> <li>• The selection and use of material provides only a basic commentary.</li> <li>• Basic analysis and evaluation of material.</li> <li>• Superficial consideration of a restricted range of issues and/or evidence.</li> </ul>
<b>1-0</b>	<b>Very brief/flawed or inappropriate</b> The candidate provides a description which is very brief/flawed or an inappropriate description that fails to demonstrate any knowledge or understanding of the topic.	<b>3-0</b>	<b>Rudimentary/absent or irrelevant commentary</b> <ul style="list-style-type: none"> <li>• The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant.</li> <li>• Analysis and evaluation just discernible or absent.</li> </ul>

2 (a) Outline findings of research into workplace stressors.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>There is an extensive literature on the causes and consequences of workplace stress. In this, a number of stressful job factors have been identified, including work overload/pressure, role ambiguity, etc. Not surprisingly findings are that people who feel that they have to work too long or too hard feel stressed and have poorer health. For example, Breslow &amp; Bell (1960) found that manual workers who did more than 48 hours per week had twice the death rate from coronary heart disease (CHD) compared to those in similar jobs but who worked for less than 40 hours per week. In another study, but this time of university lecturers, those who felt most pressure had a higher level of uric acid in the blood (a sign of stress). In Japan, it was found that people who have a working day in excess of 11 hours are more at risk from heart attacks than those with a more moderate workload (Sokejima &amp; Kagamimori, 1998).</p> <p>A factor related to coping is the presence of supportive relationships at work. It has been a consistent finding that workers who lack opportunities to interact with others have less job satisfaction, and show higher levels of stress hormones (eg Cooper &amp; Marshall, 1976). In a study of local government workers, there was a general trend that linked higher workloads with high blood pressure, but this was exacerbated in groups that did not have a supportive relationship with their supervisors (French, 1974).</p> <p>The dividing line between findings and conclusions is sometimes difficult to establish. In most cases, however, it should be possible to judge whether some reference to results (qualitative or quantitative) is present. Answers may focus on the causes or effects of workplace stressors, as well as ways of coping with them. However, in all cases the description must be related to research findings and not anecdotal accounts of experiences at work. Any reasonable definition of workplace stressor is acceptable, but answers on, eg, life events not related to work are not relevant.</p>	6	<p><b>Accurate and reasonably detailed</b></p> <p>The candidate provides an accurate and reasonably detailed outline description of findings of research into workplace stressors that demonstrates relevant knowledge and understanding. For example, the candidate presents an overview of the results of a number of studies, or one of these in more detail.</p>
	5-4	<p><b>Less detailed but generally accurate</b></p> <p>The candidate provides a less detailed but generally accurate outline description of findings of research into workplace stressors that demonstrates relevant knowledge and understanding. For example, a limited account of the findings of studies is presented but not sufficiently elaborated.</p>
	3-2	<p><b>Basic</b></p> <p>The candidate provides a basic outline description of findings of research into workplace stressors that demonstrates some relevant knowledge but lacks detail and may be muddled. For example one or two findings might be identified, but with little elaboration.</p>
	1-0	<p><b>Very brief/flawed or inappropriate</b></p> <p>The candidate provides an outline description which is very brief/flawed or an inappropriate outline description that fails to demonstrate any knowledge or understanding of the topic.</p>

2 (b) Describe the procedures of **one** study of the relationship between stress and cardiovascular disorders. Give **one** criticism of this study.

(3 marks + 3 marks)

Marking Criteria	Marks	Performance Descriptions (procedures/criticism)
<p>The Freidman &amp; Rosenman material on Type A is clearly relevant to the question, in particular the Western Collaborative Group study. Another example is Harburg et al. (1973), which looked at the correlation between raised blood pressure (BP) and living in high-stress areas of Detroit (low income, high density, high mobility, high rates of marital break-up, sand high crime). Research into workplace stress could also be made relevant, as in many cases cardiovascular disorder (CVD) is one of the pathologies investigated. More tenuous links could be made with Holmes and Rahé’s work, but only in so far as cardiovascular disorders (CVDs) are part of the general illness outcomes researched. However, the ‘monkey studies’ are definitely not relevant.</p> <p><b>Procedures</b> could typically encompass sampling, operationalisation of variables, measurement techniques, controls, etc (though not all of these need be included if there is otherwise good detail). <b>Criticisms</b> will depend on the nature of the study chosen. In view of the question structure these are likely to cover procedural issues (sampling, operationalisation, etc) but could also encompass contradictory findings or problems of interpretation. Basic statements such as, ‘The study lacked ecological validity’, are likely to be just that: basic, and in some cases may even be incorrect.</p> <p>The criticism must be linked to the study described. If the study is inappropriate or not identifiable published research, then no marks can be given to the criticism.</p>	<p><b>3</b></p>	<p><b>Accurate and reasonably detailed</b></p> <p>The candidate provides an accurate and reasonably detailed description of procedures/criticism that demonstrates relevant knowledge and understanding. For example, for procedures the candidate might identify the type of participants used, the basic design of the study, and outline how the results were obtained. Or, (criticism) pointing out that the sample was restricted and explaining the consequences for the interpretation of results.</p>
	<p><b>2</b></p>	<p><b>Less detailed but generally accurate</b></p> <p>The candidate provides a less detailed but generally accurate description of procedures/criticism that demonstrates relevant knowledge and understanding. For example, there might be important omissions in procedures, such as who the participants were or how they were obtained, or there might be a lack of clarity about the description of the methods used to obtain the data. Or, the basis of criticism might be identified clearly, but the implications not fully explained.</p>
	<p><b>1</b></p>	<p><b>Basic</b></p> <p>The candidate provides a basic description of procedures/criticism that demonstrates some relevant knowledge but lacks detail and may be muddled. For example, the candidate might just state that the study involved comparing two groups of participants. Or, the criticism may be identified but not explained.</p>
	<p><b>0</b></p>	<p><b>Flawed or inappropriate</b></p> <p>The candidate provides a description which is flawed or an inappropriate description that fails to demonstrate any knowledge or understanding of the topic.</p>

2 (c) Describe and evaluate **one or more** psychological approaches to stress management (eg stress-inoculation, increasing hardiness).

(18 marks)

<b>Marking Criteria</b>	
<p><b>AO1</b> credit should be given for a description of psychological approach(es) to stress management. This could include how the technique is used (with appropriate examples). It could also encompass the principles/assumptions on which it is based.</p> <p><b>AO2</b> credit should be given for analysis and evaluation of the approach(es), including appropriate research evidence (where this exists) on, eg, effectiveness. Comparison with other techniques, including non-psychological ones (eg drugs), would be appropriate.</p> <p>Psychological methods of stress management include various types of cognitive therapy. The aim of these predominantly emotion-focused techniques is to replace irrational and negative thoughts with more positive ways of thinking about a problem. The assumption is that in many cases there is little that a person can do about the objective situation, as stress is an inevitable consequence of modern life. Restructuring beliefs about a problem can make that problem disappear, or at least become more manageable. However, unlike many cognitive therapies, stress inoculation training (SIT) is a more problem-focused coping strategy (Meichenbaum, 1985). The basic idea is to prepare individuals to cope with potential stressors by trying to pre-empt them. People should try to anticipate sources of stress and have effective coping strategies ready to put in place.</p>	<p>Although there were initially few studies that have evaluated SIT, recent research has shown it to be effective in a range of settings, including helping people deal with stressful jobs such as teaching, nursing and the police, as well as with professional athletes (eg Cox, 1991). However, SIT takes time and effort and, as clients have to go through a rigorous program of training over a long period, it can only work with people who have a sufficiently high level of motivation and commitment. It also may not suit certain individuals, for example those whose basic personality makes them resistant to changing cognitions.</p> <p>The existence of strong individual differences in the way that people respond to stress, suggests that more effective ways of coping can be passed on to help those who are not as well prepared. Kobasa has identified such ‘hardy’ individuals as those whose cognitive strategies are better suited to dealing with stress, for example by making more realistic assessments of stressors, including being aware of the positive aspects of stressors. Kobasa suggests that hardiness can be improved with appropriate training.</p> <p>The concept of hardiness has been linked to the idea of control, sometimes making it difficult to distinguish the two. There is also little direct research evidence on the effectiveness of hardiness training and what research there is, has tended to be confined to white middle class managers, so may be difficult to generalise to women and cultural groups. Also, like SIT, the approach requires lengthy training and strong commitment on the part of the client.</p> <p>Although unlikely, candidates can receive credit if the approach to stress management described is different from the one evaluated.</p>

2 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
	<b>AO1:</b> Description of psychological approach(es) to stress management.		<b>AO2:</b> Evaluation of psychological approach(es) to stress management.
<b>6</b>	<b>Accurate and reasonably detailed</b> The candidate provides an accurate and reasonably detailed description of one or more psychological approaches to stress management that demonstrates relevant knowledge and understanding. For example, the candidate presents an accurate overview of both SIT and hardiness training, or one of these in more detail.	<b>12-10</b>	<b>Informed commentary</b> <ul style="list-style-type: none"> <li>• Within the time constraints for this part of the question, there is effective use of material to address the question and provide an informed commentary.</li> <li>• Effective analysis and evaluation of material.</li> <li>• Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth.</li> <li>• The structure is generally clear and coherent.</li> </ul>
<b>5-4</b>	<b>Less detailed but generally accurate</b> The candidate provides a less detailed but generally accurate description of one or more psychological approaches to stress management that demonstrates relevant knowledge and understanding. For example, one approach may be clearly outlined, but with limited detail.	<b>9-7</b>	<b>Reasonable commentary</b> <ul style="list-style-type: none"> <li>• There is appropriate selection of material to address the question, but this is not always used effectively to produce a reasonable commentary.</li> <li>• Reasonable analysis and evaluation of material.</li> <li>• A range of issues and/or evidence in limited depth, or a narrower range in greater depth.</li> </ul>
<b>3-2</b>	<b>Basic</b> The candidate provides a basic description of one or more psychological approaches to stress management that demonstrates some relevant knowledge but lacks detail and may be muddled. For example, one approach may be very briefly outlined.	<b>6-4</b>	<b>Basic commentary</b> <ul style="list-style-type: none"> <li>• The selection and use of material provides only a basic commentary.</li> <li>• Basic analysis and evaluation of material.</li> <li>• Superficial consideration of a restricted range of issues and/or evidence.</li> </ul>
<b>1-0</b>	<b>Very brief/flawed or inappropriate</b> The candidate provides a description which is very brief/flawed or an inappropriate description that fails to demonstrate any knowledge or understanding of the topic.	<b>3-0</b>	<b>Rudimentary/absent or irrelevant commentary</b> <ul style="list-style-type: none"> <li>• The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant.</li> <li>• Analysis and evaluation absent or just discernible.</li> </ul>

3 (a) Explain **one or more** assumptions of the behavioural model in relation to causes of abnormality.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>In terms of the causes of abnormality, and in very general terms, the main assumptions of the behavioural model are that:</p> <ul style="list-style-type: none"> <li>Behaviour is primarily the result of the environment rather than genetics (or instincts) – rejecting the view that abnormal behaviour has a biological basis.</li> <li>Behaviour is determined, largely by our experiences in life.</li> <li>Abnormal behaviour is a learned response (through conditioning) and not as the result of mysterious, and ultimately unknowable unconscious processes.</li> <li>While much of our behaviour is adaptive, it is also possible to learn behaviours that are abnormal and undesirable.</li> </ul> <p>Some answers may be quite specific about causal mechanisms, for example in the case of classical conditioning and anxiety. This is acceptable, providing underlying assumptions (eg role of learning) are clear from the account. Similarly, examples of behaviourist explanations of specific disorders may be given (eg phobias). These can be credited to the extent to which they illustrate specific assumptions. However, this may be difficult if the candidate has not identified the assumptions in the first place.</p> <p>While related to, and frequently deriving from, assumptions about causality, assumptions about treatments are not asked for.</p>	6	<p><b>Accurate and reasonably detailed</b></p> <p>The candidate provides an accurate and reasonably detailed explanation of assumption(s) of the behavioural model that demonstrates relevant knowledge and understanding. For example, the candidate accurately explains a number of assumptions of the model, or one of these in more detail.</p>
	5-4	<p><b>Less detailed but generally accurate</b></p> <p>The candidate provides a less detailed but generally accurate explanation of assumption(s) of the behavioural model that demonstrates relevant knowledge and understanding. For example, one assumption is explained with limited detail.</p>
	3-2	<p><b>Basic</b></p> <p>The candidate provides a basic explanation of assumption(s) of the behavioural model that demonstrates some relevant knowledge but lacks detail and may be muddled. For example, the candidate may briefly mention the assumption that abnormality is the result of learning not genetic/biological causes.</p>
	1-0	<p><b>Very brief/flawed or inappropriate</b></p> <p>The candidate provides an explanation which is very brief/flawed or an inappropriate explanation that fails to demonstrate any knowledge or understanding of the topic.</p>

3 (b) (i) Identify and explain **one** definition of abnormality.

(3 marks)

(ii) Explain **one** limitation of this definition of abnormality.

(3 marks)

Marking Criteria	Marks	Performance Descriptions (definition/limitation)
<p>Listed definitions in the specification are:</p> <ul style="list-style-type: none"> <li>• statistical infrequency</li> <li>• deviation from social norms</li> <li>• failure to function adequately</li> <li>• deviation from ideal mental health.</li> </ul> <p>Note that there are some limitations that could be discussed in general terms in relation to all of the above (eg the complexity of most cases of abnormality, lack of agreement among clinicians, dehumanising). Other limitations are more specific (eg cultural relativism – deviation from social norms). This is important because if the limitation clearly does not apply to the definition given in (i), then it cannot be credited.</p> <p>Note: that definitions of abnormality are not the same as assumptions about causes, and are clearly distinguished in the specification.</p>	<b>3</b>	<p><b>Accurate and reasonably detailed</b></p> <p>The candidate provides an accurate and reasonably detailed explanation of a definition/limitation that demonstrates relevant knowledge and understanding. For example, the candidate explains how abnormality can be defined as deviation from social norms by the use of an appropriate example. Or, (criticism) the candidate explains how deviation from social norms neglects social and cultural diversity.</p>
	<b>2</b>	<p><b>Less detailed but generally accurate</b></p> <p>The candidate provides a less detailed but generally accurate explanation of a definition/limitation that demonstrates relevant knowledge and understanding. For example, the definition is identified and briefly explained, but no example is given.</p>
	<b>1</b>	<p><b>Basic</b></p> <p>The candidate provides a basic explanation of a definition/limitation that demonstrates some relevant knowledge but lacks detail and may be muddled. For example, the basis of the definition is merely identified (ie named). Or, the criticism is stated without explanation: ‘The definition doesn’t take into account diversity’.</p>
	<b>0</b>	<p><b>Flawed or inappropriate</b></p> <p>The candidate provides an explanation which is flawed or an inappropriate explanation that fails to demonstrate any knowledge or understanding of the topic.</p>

3 (c) Outline and evaluate the biological explanation of **one or more** eating disorders.

(18 marks)

### Marking Criteria

**AO1** credit should be given for an outline of the biological explanation of eating disorder(s), including the assumptions on which the explanation is based.

**AO2** credit should be given for evaluation of this explanation using research studies, consideration of the degree of support for the involvement of biological factors, examination of the role of other factors, comparison with other explanations. Citing a study in support of a description of biological mechanisms would be appropriate AO2. However, an answer focused on one or two ‘key’ studies is likely to be limited, in view of the restricted range of evidence considered.

While it may be necessary in the interests of clarity to identify the eating disorder(s) being discussed, description of symptoms is not required and therefore can not be credited.

Because eating behaviour is related to homeostatic mechanisms, theories of eating disorders in terms of neurological factors are very popular. Originally it was believed that pituitary gland damage was the cause of eating disorders, but it now seems that this was due to a confusion with another condition (Simmond’s disease). Research has suggested the hypothalamus may be dysfunctional in people with eating disorders as this is one of the regulatory centres for eating behaviour. Most of the support for this idea came from non-human animal studies, where animals would stop eating when given lesions in one portion of their hypothalamus. Other studies have shown correlations between anorexia and changes in noradrenaline and serotonin levels in the brain, while other studies have implicated various hormones and endorphins in bulimia. Another influential theory states that people with bulimia have a heightened physiological need for carbohydrates, hence the preference for this type of food during binges.

Eating disorders run in families, so there have been suggestions that they may have a genetic basis. The strongest evidence for this comes from the various MZ/DZ twin studies (Kendler, Holland, etc.), though even the best studies have limitations (eg small samples, concordance of MZs less than 100%). In terms of general commentary, better candidates should be able to make the point that a complex disorder is likely to be multifactorial.

Discussion of treatments could be relevant where, for example they demonstrate through their effectiveness, support for the model.

3 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
	<b>AO1:</b> Outline of the biological explanation of eating disorder(s).		<b>AO2:</b> Evaluation of the biological explanation of eating disorder(s).
<b>6</b>	<b>Accurate and reasonably detailed</b> The candidate provides an accurate and reasonably detailed outline description of the biological explanation of one or more eating disorders that demonstrates relevant knowledge and understanding. For example, the candidate presents an overview of the biological genetic and neurological explanation of anorexia and bulimia, or one of these in more detail.	<b>12-10</b>	<b>Informed commentary</b> <ul style="list-style-type: none"> <li>• Within the time constraints for this part of the question, there is effective use of material to address the question and provide an informed commentary.</li> <li>• Effective analysis and evaluation of material.</li> <li>• Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth.</li> <li>• The structure is generally clear and coherent.</li> </ul>
<b>5-4</b>	<b>Less detailed but generally accurate</b> The candidate provides a less detailed but generally accurate outline description of the biological explanation of one or more eating disorders that demonstrates relevant knowledge and understanding. For example, only the genetic explanation may be considered, but this is not compensated by sufficient detail.	<b>9-7</b>	<b>Reasonable commentary</b> <ul style="list-style-type: none"> <li>• There is appropriate selection of material to address the question, but this is not always used effectively to produce a reasonable commentary.</li> <li>• Reasonable analysis and evaluation of material.</li> <li>• A range of issues and/or evidence in limited depth, or a narrower range in greater depth.</li> </ul>
<b>3-2</b>	<b>Basic</b> The candidate provides a basic outline description of the biological explanation of one or more eating disorders that demonstrates some relevant knowledge but lacks detail and may be muddled. For example, the genetic explanation may be briefly outlined.	<b>6-4</b>	<b>Basic commentary</b> <ul style="list-style-type: none"> <li>• The selection and use of material provides only a basic commentary.</li> <li>• Basic analysis and evaluation of material.</li> <li>• Superficial consideration of a restricted range of issues and/or evidence.</li> </ul>
<b>1-0</b>	<b>Very brief/flawed or inappropriate</b> The candidate provides an outline description which is very brief/flawed or an inappropriate outline description that fails to demonstrate any knowledge or understanding of the topic.	<b>3-0</b>	<b>Rudimentary/absent or irrelevant commentary</b> <ul style="list-style-type: none"> <li>• The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant.</li> <li>• Analysis and evaluation absent or just discernible.</li> </ul>

4 (a) Explain **one or more** assumptions of the cognitive model in relation to causes of abnormality.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>The basic assumption of the cognitive approach holds that mental events cause behaviour in that we interpret our environment before we react to it. In the case of abnormal behaviour, it is the interpretations and disordered cognitions that lead to the behaviour. Emotional problems can be attributed to distortions in our cognitions or thinking processes. These distortions are typically in the form of overgeneralisations, irrational beliefs, illogical errors or negative thoughts.</p> <p>Some answers may be quite specific about causal mechanisms, for example the link between attribution and depression. This is acceptable, providing underlying assumptions (eg role of cognitions) are clear from the account. Similarly, examples of cognitive explanations of specific disorders may be given (eg eating disorders). These can be credited to the extent to which they illustrate specific assumptions. However, this may be difficult if the candidate has not identified the assumptions in the first place. Assumptions about <b>treatments</b> are not required. However, since they frequently derive from assumptions about causality, assumptions about treatments can in some circumstances be relevant. Mere descriptions of treatment methods are unlikely to gain credit.</p>	6	<p><b>Accurate and reasonably detailed</b></p> <p>The candidate provides an accurate and reasonably detailed explanation of assumption(s) of the cognitive model that demonstrates relevant knowledge and understanding. For example, the candidate accurately explains a number of assumptions of the model, or one of these in more detail.</p>
	5-4	<p><b>Less detailed but generally accurate</b></p> <p>The candidate provides a less detailed but generally accurate explanation of assumption(s) of the cognitive model that demonstrates relevant knowledge and understanding. For example, one assumption is explained with limited detail.</p>
	3-2	<p><b>Basic</b></p> <p>The candidate provides a basic explanation of assumption(s) of the cognitive model that demonstrates some relevant knowledge but lacks detail and may be muddled. For example, the candidate may give an example of distorted thinking, without explaining the assumption.</p>
	1-0	<p><b>Very brief/flawed or inappropriate</b></p> <p>The candidate provides an explanation which is very brief/flawed or an inappropriate explanation that fails to demonstrate any knowledge or understanding of the topic.</p>

4 (b) Describe the findings and conclusions of **one** study into psychological explanations of eating disorders.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>Studies that have investigated anorexia and bulimia are acceptable for this question. Some studies have looked at both.</p> <p>An example of a suitably psychologically orientated study on bulimia is Field, et al (1999) (peer and media influences). Tyrka et al (2002) studied predictors of both anorexia and bulimia. Relevant to the psychoanalytic perspective, Romans et al (2001) found evidence of a link between childhood sexual abuse and eating disorders. Other studies have looked at experiences in different cultures. For example, Fearn (1999) found evidence of increased eating disorders after American TV programmes emphasising thinness became available.</p> <p>There should be some reference to actual results to justify awarding marks for findings.</p> <p>Case studies are acceptable but must be identifiable as published research and not anecdotal.</p> <p>It is conceivable that a candidate could describe a biological/genetic study and argue that this would limit the applicability of psychological explanations. This must be <b>explicit</b> in the conclusions to acquire credit.</p>	6	<p><b>Accurate and reasonably detailed</b></p> <p>The candidate provides an accurate and reasonably detailed description of the findings and conclusions of one study of eating disorders that demonstrates relevant knowledge and understanding. For example, the candidate provides a detailed account of both procedures and findings (though not necessarily balanced).</p>
	5-4	<p><b>Less detailed but generally accurate</b></p> <p>The candidate provides a less detailed but generally accurate description of the findings and conclusions of one study of eating disorders that demonstrates relevant knowledge and understanding. For example, the candidate provides a detailed account of conclusions, with only a brief mention of findings, or a balanced account of both in less detail.</p> <p>If only findings or conclusions are outlined, this is accurate and detailed (Max 4 marks).</p>
	3-2	<p><b>Basic</b></p> <p>The candidate provides a basic description of the findings and conclusions of one study of eating disorders that demonstrates some relevant knowledge, but lacks detail and may be muddled. For example, only a brief account of either findings or conclusions is given, or a very brief account of both.</p> <p>If only findings or conclusions are outlined, this is less detailed but generally accurate.</p>
	1-0	<p><b>Very brief/flawed or inappropriate</b></p> <p>The candidate provides a description which is very brief/flawed or an inappropriate description that fails to demonstrate any knowledge or understanding of the topic.</p>

4 (c) Outline the psychodynamic model of abnormality and consider its strengths and limitations.

(18 marks)

<b>Marking Criteria</b>	
<p><b>AO1</b> is a description of the main features of the psychodynamic model of abnormality. It is recognised that this model has had a number of sometimes widely divergent formulations, but, in the case of Freud, the main features were:</p> <ul style="list-style-type: none"> <li>• An assumption that the roots of mental disorders are psychological: they lie in the unconscious mind and are the result of the failure of defence mechanisms to protect the self (or ego) from anxiety.</li> <li>• The belief that many of these intrapsychic conflicts involve basic biological instincts, especially sexual ones.</li> <li>• The assumption that many adult problems are reflections of these earlier conflicts, particularly those stemming from infancy and early childhood (such as the Oedipus conflict).</li> <li>• An emphasis on the patient gaining insight into the origins of their problems.</li> <li>• A core assumption that gaining access to the unconscious and exploring the conflicts with the patient (eg through psychoanalysis) will enable him/her to confront them and resolve them in an adult way.</li> </ul> <p><b>AO2</b> is a general evaluation of the psychodynamic model which could include: a consideration of empirical investigations that support or challenge the model (including those investigating treatment effectiveness); and comparisons with the strengths and weaknesses of other models.</p> <p>Some of the major <b>strengths</b> are as follows:</p> <ul style="list-style-type: none"> <li>• Many observations of psychodynamic therapists appear to be borne out in everyday life, eg, defence mechanisms.</li> </ul>	<ul style="list-style-type: none"> <li>• Many people with psychological disturbances do recollect childhood traumas.</li> <li>• Freudian theory provides a comprehensive framework to describe human personality.</li> <li>• Freud ‘rehumanised’ the distressed, making their suffering more comprehensible to the rest of society.</li> <li>• By developing a method of treatment, Freud encouraged a more optimistic view regarding psychological distress.</li> </ul> <p><b>Limitations</b> are widely regarded as including:</p> <ul style="list-style-type: none"> <li>• Tendency to ignore the patient’s current problems by focusing on past conflicts (though this is not true of many later versions of psychoanalysis).</li> <li>• Lack of scientific evidence concerning major theoretical assumptions.</li> <li>• As the source of many of the conflicts are often parents, there is a tendency to give a lot of responsibility to parents for the psychological health of their children.</li> <li>• Psychodynamic theory underestimates the role of situation and context, and overemphasises internal instincts and conflicts.</li> </ul> <p>Strictly speaking, both strengths and limitations are required for full marks. However, a balanced account of both is not required though, if this is not evident, it may indicate a lack of thoroughness in AO2.</p> <p>Examples of psychodynamic explanations of specific disorders may be given (eg phobias). These can be credited (AO1) to the extent to which they illustrate the main features of the model.</p>

4 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
	<b>AO1:</b> Outline of the psychodynamic model of abnormality.		<b>AO2:</b> Strengths/limitations of the psychodynamic model.
<b>6</b>	<b>Accurate and reasonably detailed</b> The candidate provides an accurate and reasonably detailed outline description of the psychodynamic model of abnormality that demonstrates relevant knowledge and understanding. For example, the candidate presents an overview of how Freud explained abnormal behaviour in terms of unconscious processes, etc.	<b>12-10</b>	<b>Informed commentary</b> <ul style="list-style-type: none"> <li>• Within the time constraints for this part of the question, there is effective use of material to address the question and provide an informed commentary.</li> <li>• Effective analysis and evaluation of material.</li> <li>• Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth.</li> <li>• The structure is generally clear and coherent.</li> </ul>
<b>5-4</b>	<b>Less detailed but generally accurate</b> The candidate provides a less detailed but generally accurate outline description of the psychodynamic model of abnormality that demonstrates relevant knowledge and understanding. For example, there is a partial account of Freud's explanation of abnormality, or a detailed focus on one or two aspects, such as the role of the Oedipus conflict.	<b>9-7</b>	<b>Reasonable commentary</b> <ul style="list-style-type: none"> <li>• There is appropriate selection of material to address the question, but this is not always used effectively to produce a reasonable commentary.</li> <li>• Reasonable analysis and evaluation of material.</li> <li>• A range of issues and/or evidence in limited depth, or a narrower range in greater depth.</li> </ul>
<b>3-2</b>	<b>Basic</b> The candidate provides a basic outline description of the psychodynamic model of abnormality that demonstrates some relevant knowledge but lacks detail and may be muddled. For example, the candidate may present one example of abnormality (eg 'Little Hans') to illustrate only the basic aspects of the model.	<b>6-4</b>	<b>Basic commentary</b> <ul style="list-style-type: none"> <li>• The selection and use of material provides only a basic commentary.</li> <li>• Basic analysis and evaluation of material.</li> <li>• Superficial consideration of a restricted range of issues and/or evidence.</li> </ul>
<b>1-0</b>	<b>Very brief/flawed or inappropriate</b> The candidate provides an outline description which is very brief/flawed or an inappropriate outline description that fails to demonstrate any knowledge or understanding of the topic.	<b>3-0</b>	<b>Rudimentary/absent or irrelevant commentary</b> <ul style="list-style-type: none"> <li>• The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant.</li> <li>• Analysis and evaluation absent or just discernible.</li> </ul>

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**Assessment Grid**

Question	Part	AO1	AO2	Total
1	(a)	6		6
	(b)	6		6
	(c)	6	12	18
<b>Total for Q.1</b>		<b>18</b>	<b>12</b>	<b>30</b>
2	(a)	6		6
	(b)	6		6
	(c)	6	12	18
<b>Total for Q.2</b>		<b>18</b>	<b>12</b>	<b>30</b>
3	(a)	6		6
	(b)	6		6
	(c)	6	12	18
<b>Total for Q.3</b>		<b>18</b>	<b>12</b>	<b>30</b>
4	(a)	6		6
	(b)	6		6
	(c)	6	12	18
<b>Total for Q.4</b>		<b>18</b>	<b>12</b>	<b>30</b>
QoWC		2		2
<b>Total for unit</b>		<b>38</b>	<b>24</b>	<b>62</b>
% weighting AS		20.4	12.9	
% weighting A2		10.2	6.5	