



General Certificate of Education

Psychology 5181

Specification A

Unit 2 (PYA2)

Physiological Psychology and Individual Differences

Mark Scheme

2007 examination - January series

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Unit 2: PYA2**QUALITY OF WRITTEN COMMUNICATION (QoWC)**

2 marks	The work is characterised by some or all of the following: <ul style="list-style-type: none"> • clear expression of ideas • a good range of specialist terms • few errors in grammar, punctuation and spelling • errors do not detract from the clarity of the material.
1 mark	The work is characterised by: <ul style="list-style-type: none"> • reasonable expression of ideas • the use of some specialist terms • errors of grammar, punctuation and spelling • errors detract from the clarity of the material.
0 marks	The work is characterised by: <ul style="list-style-type: none"> • poor expression of ideas • limited use of specialist terms • errors and poor grammar, punctuation and spelling • errors obscure the clarity of the material.

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.

1 (a) Outline findings of research into the effects of stress on the immune system.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>There is both direct and indirect evidence from studies to link exposure to stress to the immune system. Studies have shown that the immune system is not affected in the same way by all stressors. Only chronic stressors (eg bereavement, marital disharmony, serious problems at work, etc.) tend to result in impaired functioning of the immune system. Both Kiecolt-Glaser <i>et al</i> (1995) and Sweeney (1995) have found, for example, that caring for a relative with Alzheimer's disease affected the progress of wound healing in patients. Acute stressors do not have the same effect. Indeed, the evidence is that they can <i>increase</i> the number of natural killer cells as well as the levels of sIgA (Evans <i>et al</i>, 1994; Jemmott and Magloire, 1988).</p> <p>Other findings suggest that susceptibility to virus infections such as influenza can be increased by the effects of stress on the production of <i>immunoglobulin A</i> (eg Stone <i>et al</i>, 1987).</p> <p>The above indicates the type of material that should be straightforward to credit in candidate responses. More problematic may be answers that focus on research findings of studies on physical influence, but which do not make explicit reference to the immune system as the potential causal link. Where there is a clear implicit or potential link (eg in viral infections or cancer), such answers can gain credit. However, this would be very difficult with studies into coronary heart disease (CHD), for example.</p>	6	<p>Accurate and reasonably detailed</p> <p>The candidate provides an accurate and reasonably detailed outline description of findings of research into the effects of stress on the immune system, which demonstrates relevant knowledge and understanding. For example, the candidate presents an overview of the findings of a number of research studies, or one study in more detail.</p>
	5-4	<p>Less detailed but generally accurate</p> <p>The candidate provides a less detailed, but generally accurate, outline description of findings of research into the effects of stress on the immune system, which demonstrates relevant knowledge and/or understanding. For example, a limited account of the findings of one or more studies is presented, but not sufficiently elaborated.</p>
	3-2	<p>Basic</p> <p>The candidate provides a basic outline description of findings of research into the effects of stress on the immune system that demonstrates some relevant knowledge and/or understanding but lacks detail and may be muddled. For example, one or two findings might be identified, but with little elaboration.</p>
	1-0	<p>Very brief/flawed or inappropriate</p> <p>For 1 mark the candidate provides a very brief/flawed description that demonstrates little relevant knowledge or understanding of research into the effects of stress on the immune system.</p> <p>For 0 marks the candidate provides an inappropriate description that fails to demonstrate any knowledge or understanding of research into the effects of stress on the immune system.</p>

1 (b) Outline the role of personality in modifying the effects of stressors.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>There are a number of potential areas of research into personality and stress, of which the following is a reasonably representative list, any one of which, in sufficient detail, would constitute an appropriate response.</p> <ul style="list-style-type: none"> Friedman and Rosenman's pioneering work first distinguished so-called Type A and Type B personalities. It was claimed that the former appears to be much more affected by stress than the latter. Temoshok (1987) describes a Type C personality: individuals who repress rather than express their hostility may be particularly vulnerable to the effects of stress such as CHD. Another personality trait, which it is claimed is associated with responses to stress, is sensation seeking (Zuckerman, 1979). High sensation seekers actively seek out activities that other people would find acutely stressful. Kobasa has identified 'hardy' individuals as those whose cognitive strategies are better suited to dealing with stress. For example, they are more able to identify the symptoms of stress (so avoiding action can be taken in time). They make more realistic assessments of stressors, including being aware of the positive aspects of stressful situations (opportunities and new challenges). It is known that there are important individual differences in locus of control (Rotter, 1966). It has been suggested that hardy people are more likely to have an internal locus of control, and therefore better able to deal with the effects of stress. <p>Candidates may describe the role of gender, even though gender and personality are very clearly differentiated in the specification. Unless gender is explicitly justified as an aspect of personality, such answers cannot receive credit. This ruling would also apply to any other material candidates may introduce, eg cultural differences.</p>	6	<p>Accurate and reasonably detailed</p> <p>The candidate provides an accurate and reasonably detailed outline description of the role that personality may play in modifying the effects of stressors, which demonstrates relevant knowledge and understanding. For example, there is an account of one personality factor in detail (such as type A/B), or a number of different examples of factors in less detail.</p>
	5-4	<p>Less detailed but generally accurate</p> <p>The candidate provides a less detailed, but generally accurate, outline description of the role that personality may play in modifying the effects of stressors, which demonstrates relevant knowledge and/or understanding. For example, the candidate offers an account of one factor in reasonable detail, or a number of different examples of personality factors linked to stress in basic detail.</p>
	3-2	<p>Basic</p> <p>The candidate provides a basic outline description of the role that personality may play in modifying the effects of stressors that demonstrates some relevant knowledge and/or understanding, but lacks detail and may be muddled. For example, personality factors are identifiable and accurate, but with little detail.</p>
	1-0	<p>Very brief/flawed or inappropriate</p> <p>For 1 mark the candidate provides a very brief/flawed description that demonstrates little relevant knowledge or understanding of the role of personality in modifying the effects of stressors.</p> <p>For 0 marks the candidate provides an inappropriate description that fails to demonstrate any knowledge or understanding of the role of personality in modifying the effects of stressors.</p>

1 (c) 'Drugs and biofeedback are two ways of helping people who suffer from stress.'

Outline and evaluate **one or more** physiological approaches to managing stress.

(18 marks)

Marking Criteria

AO1: credit should be given for an outline description of one or more physiological 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.

AO2: credit should be given for analysis and evaluation of the approach(es), including appropriate research evidence (where this exists) on, for example, effectiveness. Comparison with other techniques, including psychological ones (eg hardiness), would be appropriate.

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 how these are targeting bodily systems.

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.

In terms of evaluation, the use of anti-anxiety **drugs** has a number of disadvantages. They can have serious side effects and can be very addictive. Although helpful in the short term, their disadvantages may sometimes outweigh their advantages. For example, benzodiazepines may be used to treat insomnia (frequently a consequence of stress) but the sleep they induce is not as refreshing as natural sleep. Indeed, it has been claimed that the most common cause of insomnia is dependency on sleep medication.

Biofeedback has been shown to be successful in treating some stress-related conditions such as migraine and high blood pressure, but the results are no better than those of conventional relaxation training. Since it requires complex and expensive equipment, critics argue that there are more simple and more cost-effective remedies for stress.

A general point that can be made of all biological interventions is that they treat the *symptoms* of stress and not its *causes* (ie coping with stress rather than managing stress). It could be argued that someone suffering from stress at work would be better advised to examine his or her work patterns and relationships than to take tablets for stress symptoms.

Candidates can receive credit if the approach to stress management described is different from the one evaluated, although this is not likely to occur.

1 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
	AO1: Description of one or more physiological approach(es) to stress management.		AO2: Evaluation of one or more physiological approach(es) to stress management.
6	Accurate and reasonably detailed The candidate provides an accurate and reasonably detailed description of one or more physiological approaches to stress management that demonstrates knowledge and understanding. For example, the candidate presents an accurate overview of how drugs and biofeedback can be used, or one of these in more detail.	12-10	Informed commentary 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. Effective analysis and evaluation of material. Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth. The structure is generally clear and coherent.
5-4	Less detailed but generally accurate The candidate provides a less detailed, but generally accurate, description of one or more physiological approaches to stress management that demonstrates knowledge and/or understanding. For example, one approach (drugs) may be clearly outlined, but with limited detail.	9-7	Reasonable commentary There is appropriate selection of material to address the question, but this is not always used effectively to produce a reasonable commentary. Reasonable analysis and evaluation of material. A range of issues and/or evidence in limited depth, or a narrower range in greater depth.
3-2	Basic The candidate provides a basic description of one or more physiological approaches to stress management that demonstrates some knowledge and/or understanding, but lacks detail and may be muddled. For example, one approach may be identifiable but only briefly outlined.	6-4	Basic commentary The selection and use of material provides only a basic commentary. Basic analysis and evaluation of material. Superficial consideration of a restricted range of issues and/or evidence.
1-0	Very brief/flawed or inappropriate For 1 mark the candidate provides a very brief/flawed description that demonstrates little relevant knowledge or understanding of one or more physiological approaches to stress management. For 0 marks the candidate provides an inappropriate description that fails to demonstrate any knowledge or understanding of one or more physiological approaches to stress management.	3-0	Rudimentary/absent or irrelevant commentary The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant. Analysis and evaluation just discernible.

2 (a) (i) Outline **one** psychological method of managing stress.

(3 marks)

(ii) Outline **one** limitation of this method.

(3 marks)

Marking Criteria	Marks	Performance Descriptions
<p>Psychological methods of stress management include various types of cognitive therapy. The idea behind these is that restructuring beliefs about a problem can make that problem disappear, or at least become more manageable. 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>Most methods of stress management have a psychological element eg biofeedback and could therefore be creditworthy if the candidate addresses the psychological aspects of the method. In the case of drug therapy candidates will have to make the psychological aspects explicit.</p> <p>The limitation in part (ii) must be one that can be applied to the psychological method of managing stress to gain credit. To earn marks in part (ii), the method outlined in part (i) must be psychological. SIT takes time and effort and, as clients have to go through a rigorous programme of training over a long period, it can only work with people who have a sufficiently high level of motivation and commitment. Another limitation is that it also may not suit certain individuals, for example those whose basic personality makes them resistant to changing cognitions.</p>	3	<p>Accurate and reasonably detailed</p> <p>The candidate provides an accurate and reasonably detailed outline of the method/limitation that demonstrates knowledge and understanding, for example by describing SIT in reasonable detail.</p>
	2	<p>Less detailed but generally accurate</p> <p>The candidate provides a less detailed, but generally accurate, outline of the method/limitation that demonstrates knowledge and/or understanding. For example, the candidate may give a partial account of the limitation.</p>
	1	<p>Basic</p> <p>The candidate provides a basic outline of method/limitation that demonstrates some knowledge and/or understanding but lacks detail and may be muddled. For example the candidate merely identifies the method or the criticism is stated without explanation: 'It is costly'.</p>
	0	<p>Flawed or inappropriate</p> <p>The candidate provides a flawed or inappropriate outline that fails to demonstrate any knowledge or understanding of the topic.</p>

2 (b) Describe the procedures and findings of **one** study of the workplace as a source of stress.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>There is an extensive literature into the causes of workplace stress. A number of stressful job factors have been investigated, including:</p> <ul style="list-style-type: none"> • Work overload/pressure (eg Breslow and Bell, 1960; Cobb, 1976; Sokejima and Kagamimori, 1998) • Job insecurity • Poor interpersonal relationships (eg Cooper and Marshall, 1976; French, 1974) • Lack of control over work (eg Marmot <i>et al</i>, 1997) • Shift work <p>The combined effect of many of these factors is illustrated by Johansson (1975). He studied different groups of workers in a sawmill in an attempt to investigate the effects of various factors. In jobs that were very dull and repetitive, where workers had little control over the pace of their work, where decisions had to be made very quickly, where the environment was noisy, and where social contact was minimal, it was found that workers had abnormally high levels of stress hormones.</p> <p>Studies focused solely on the consequences of job stress, or on ways of dealing with job stress, are not acceptable.</p>	6	<p>Accurate and reasonably detailed</p> <p>The candidate provides an accurate and reasonably detailed description of procedures and findings of one study of the workplace as a source of stress, which demonstrates relevant knowledge. For example, the candidate provides a detailed account of both procedures and findings (though not necessarily balanced).</p>
	5-4	<p>Less detailed but generally accurate</p> <p>The candidate provides a less detailed, but generally accurate, description of procedures and findings of one study of the workplace as a source of stress, which demonstrates relevant knowledge. For example, the candidate provides a detailed account of findings, with only a brief mention of procedures, or a balanced account of both in less detail.</p> <p>Note: If only procedures or findings are given, maximum mark is 4.</p>
	3-2	<p>Basic</p> <p>The candidate provides a basic description of procedures and findings of one study of the workplace as a source of stress that demonstrates some relevant knowledge, but lacks detail and may be muddled. For example, only a brief account of either procedures or findings is given, or a very brief account of both.</p>
	1-0	<p>Very brief/flawed or inappropriate</p> <p>For 1 mark the candidate provides a very brief/flawed description that demonstrates little relevant knowledge or understanding of the procedures and findings of one study of the workplace as a source of stress.</p> <p>For 0 marks the candidate provides an inappropriate description that fails to demonstrate any knowledge or understanding of the procedures and findings of one study of the workplace as a source of stress.</p>

2 (c) Discuss research into the relationship between stress and cardiovascular disorders.

(18 marks)

Marking Criteria

AO1: credit should be given for description of research studies of the relationship between stress and cardiovascular disorders (CVD). It can also be for description of mechanisms by which stress and CVD may be linked (ie theory).

AO2: credit should be given to any legitimate attempt to analyse and evaluate the possibility of a link between stress and CVD, including evaluation of relevant research studies and comparisons between competing explanations.

The approach taken could involve either breadth (a number of aspects/studies/theories briefly outlined) or depth (selected research in detail). It is unlikely that sufficient material could be drawn from just one study to achieve the highest bands in AO2. On the other hand, answers that try to cover too much ground may also lack quality in the evaluation of research.

A number of cardiovascular disorders have at some time been associated with stress. Because of prolonged increased blood-flow and the consequent strains placed on the tissues of the circulatory system, proneness to heart attacks and other cardiovascular disorders is increased in individuals who are highly-stressed for long periods. The most researched stress-related condition is that of **hypertension** which is chronic amongst many sufferers of prolonged stress.

However, not everyone subjected to chronic stress develops coronary heart disease (CHD). It has been suggested that this may be because the relationship between stress and CHD could be a consequence of a certain **personality type** (ie Type A). However, the research evidence on this is inconclusive.

A large amount of research has focused on **suppressed hostility** (or rage) as a cause of CHD. However, finding valid measures of suppressed rage is difficult, and it is also possible that it only has an influence when other risk factors are present. Thus Harburg *et al* (1973) looked at the correlation between raised BP and living in high-stress areas of Detroit (low income coupled with high density housing, mobility, rates of marital break-up, and crime). As expected, higher rates of mean blood pressure and hypertension were found in high-stress areas of the city. Secondly, black men had the highest rates of hypertension, especially those that lived in high-stress areas. But the highest rates were among blacks who lived in high-stress areas and who dealt with their anger by suppressing it.

2 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
	AO1: Description of research into the relationship between stress and cardiovascular disorders.		AO2: Evaluation of research into the relationship between stress and cardiovascular disorders.
6	Accurate and reasonably detailed The candidate provides an accurate and reasonably detailed description of research into the relationship between stress and cardiovascular disorders, which demonstrates relevant knowledge and understanding. For example, the candidate presents an overview of studies, explanations or mechanisms or a narrower range in more detail.	12-10	Informed commentary 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. Effective analysis and evaluation of material. Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth. The structure is generally clear and coherent.
5-4	Less detailed but generally accurate The candidate provides a less detailed, but generally accurate, description of research into the relationship between stress and cardiovascular disorders, which demonstrates relevant knowledge and/or understanding. For example, only one study may be considered, with limited detail.	9-7	Reasonable commentary There is appropriate selection of material to address the question, but this is not always used effectively to produce a reasonable commentary. Reasonable analysis and evaluation of material. A range of issues and/or evidence in limited depth, or a narrower range in greater depth.
3-2	Basic The candidate provides a basic description of research into the relationship between stress and cardiovascular disorders that demonstrates some relevant knowledge and/or understanding but lacks detail and may be muddled. For example, a number of findings may be listed, but with little further explanation.	6-4	Basic commentary The selection and use of material provides only a basic commentary. Basic analysis and evaluation of material. Superficial consideration of a restricted range of issues and/or evidence.
1-0	Very brief/flawed or inappropriate For 1 mark the candidate provides a very brief/flawed description that demonstrates little relevant knowledge or understanding of research into the relationship between stress and cardiovascular disorders. For 0 marks the candidate provides an inappropriate description that fails to demonstrate any knowledge or understanding of research into the relationship between stress and cardiovascular disorders.	3-0	Rudimentary/absent or irrelevant commentary The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant. Analysis and evaluation just discernible or absent.

3 (a) Outline clinical characteristics of anorexia nervosa.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>Anorexia is characterised by preoccupation with food: a prolonged refusal to eat adequate amounts, resulting in severe weight loss. To be diagnosed with anorexia, the individual must weigh less than 85% of his or her expected weight for age and height.</p> <p>There are other symptoms and, though not all are required for full marks, they can be credited where appropriate:</p> <ul style="list-style-type: none"> • Cognitive disturbances: distorted body image, distorted internal perceptions, maladaptive attitude and illogical thinking. • Personality and mood problems: depression and mood problems tend to accompany eating disorders, as do obsessive compulsive patterns of behaviour. • Medical problems eg amenorrhea, low blood pressure, body swelling, significant changes in appearance of skin, hair, nails etc. <p>For the record, bulimia is characterised by ‘binge’ eating followed by purging, either by self-induced vomiting or the use of laxatives. A non-purging type of bulimia attempts to counteract the effects of food by strict dieting and/or vigorous exercise. Candidates who offer such an account for anorexia nervosa would clearly be wrong: however, they may gain some limited credit if they provide reference to shared characteristics, such as distorted body image.</p> <p>Candidates who only describe one characteristic can only receive a maximum of 4 marks.</p>	6	<p>Accurate and reasonably detailed</p> <p>The candidate provides an accurate and reasonably detailed outline of the clinical characteristics of anorexia nervosa that demonstrates knowledge. For example, there is an account of two characteristics in detail, or a wider range in less detail.</p>
	5-4	<p>Less detailed but generally accurate</p> <p>The candidate provides a less detailed, but generally accurate, outline of the clinical characteristics of anorexia nervosa that demonstrates knowledge. For example, there is an account of two characteristics in reasonable detail, or a wider range in less detail.</p>
	3-2	<p>Basic</p> <p>The candidate provides a basic outline of the clinical characteristics of anorexia nervosa that demonstrates some knowledge but lacks detail and may be muddled. For example, the characteristics are identifiable, but with little detail.</p>
	1-0	<p>Very brief/flawed or inappropriate</p> <p>The candidate provides outline that is very brief/flawed or an inappropriate outline that fails to demonstrate any knowledge or understanding of the topic.</p>

3 (b) (i) Explain the *statistical infrequency* definition of abnormality. (3 marks)

(ii) Outline **one** limitation of this definition of abnormality. (3 marks)

Marking Criteria	Marks	Performance Descriptions (definition/limitation)
<p>The statistical infrequency definition suggests that if a behaviour is unusual or atypical then it could be described as abnormal. Examples of behaviour that could be regarded as both unusual and abnormal include extreme forms of OCD, self-harming behaviour, and some of the more unusual types of paraphilia.</p> <p>However, the statistical infrequency definition has many limitations. Many unusual traits are highly desirable. Setting a ‘cut-off’ point is difficult and rather arbitrary. Some types of abnormal behaviour (eg depression) are relatively common. The definition is also very culturally specific: there is no universal statistical measure of behaviour.</p> <p>The limitation in part (ii) must be one that can be applied to the statistical infrequency definition to gain credit.</p>	3	<p>Accurate and reasonably detailed</p> <p>The candidate provides an accurate and reasonably detailed explanation/outline of the definition/limitation of the statistical infrequency definition that demonstrates knowledge and understanding, for example the candidate explains the way that abnormality has been associated with infrequency/rarity, with appropriate example(s) or gives a clear outline of the cultural diversity criticism.</p>
	2	<p>Less detailed but generally accurate</p> <p>The candidate provides a less detailed but generally accurate explanation/outline of definition/limitation of the statistical infrequency definition that demonstrates knowledge and/or understanding. For example, the candidate states that infrequent behaviour is abnormal behaviour, with a brief example or the candidate gives a brief account of the difficulties of making a ‘cut off’ between frequent and infrequent.</p>
	1	<p>Basic</p> <p>The candidate provides a basic explanation/outline of definition/limitation of the statistical infrequency definition that demonstrates some knowledge and/or understanding but lacks detail and may be muddled. For example, the candidate merely states that ‘It is because it is infrequent’: or the criticism is stated without explanation: ‘The definition doesn’t take into account diversity’.</p>
	0	<p>Flawed or inappropriate</p> <p>The candidate provides a flawed or inappropriate explanation that fails to demonstrate any knowledge or understanding of the topic.</p>

3 (c) 'The behavioural model assumes that abnormal behaviour is the result of learning.'

Outline and evaluate the behavioural model of abnormality.

(18 marks)

Marking Criteria

AO1 is the outline of the behavioural model of abnormality. This is most likely to be in terms of its assumptions about the causes of abnormality, but need not be restricted to this.

AO2 is an evaluation of the model, for example in terms of its strengths and limitations. Note that this would also include description of research studies used as evaluation, though the mark may be restricted if the studies are not used effectively.

The fundamental **assumption** of the behavioural model is that behaviour is primarily the result of the environment rather than genetics (or instincts) and the rejection of the view that abnormal behaviour has a biological basis. Like the psychodynamic theorists, behaviourists have a deterministic view of mental disorders: however, unlike Freud, they see abnormal behaviour as a learned response (through conditioning) and not as the result of 'mysterious' (and, they would argue, unknowable) unconscious processes. While much of our behaviour is adaptive, helping us to cope with a changing world, it is also possible to learn behaviours that are abnormal and undesirable. However, such maladaptive learning can be treated by changing the environment so that un-learning could take place.

Commonly-recognised **strengths** of the behaviour model are:

- the model led to the development of specific behavioural therapies, many of which have had high success rates
- the model lends itself to empirical study and evaluation
- proponents of the model argue that once the symptoms of an illness are alleviated, the complaint disappears.

Weaknesses of the behavioural model include:

- the model is reductionist in the sense that it reduces the complexity of human behaviour to behavioural responses to environmental stimuli
- only the symptoms of illnesses are treated, not the underlying causes
- the model provides a limited view of the causes of mental illness and does not explain the evidence relating to genetic predispositions to mental illness
- environmental causes of abnormal behaviours are only rarely discovered in patients.

One important extension of the behaviourist approach is **social learning theory** (SLT). Theorists such as Bandura argued that observation and imitation are important forms of learning neglected by the early behaviourists. Thus maladaptive behaviour can be learned from poorly functioning parents through imitation, but it can also be treated by therapies based on modelling. Such SLT explanations are sometimes referred to as cognitive-behavioural, but are acceptable for this question.

In fact, the specification assumes a rather rigid demarcation between different models which is contradicted by modern practice, especially in the case of Cognitive Behavioural Therapy (CBT). Most therapists adopt an eclectic account of causation and treatment. Such a point is creditworthy as AO2, since the implication is that no one model can explain complex mental disorders, particularly ones that originated at a very early stage in the development of psychology.

Answers that focus on the general behavioural model (eg explanations of conditioning) can only be credited to the extent that they relate to abnormality.

3 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
	AO1: Outline of behavioural model of abnormality.		AO2: Evaluation of behavioural model of abnormality.
6	<p>Accurate and reasonably detailed</p> <p>The candidate provides an accurate and reasonably detailed description/explanation of the behavioural model of abnormality that demonstrates knowledge and understanding. For example, there is a reasonably balanced account of the model, emphasising key assumptions/features.</p>	12-10	<p>Informed commentary</p> <p>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.</p> <p>Effective analysis and evaluation of material.</p> <p>Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth.</p> <p>The structure is generally clear and coherent.</p>
5-4	<p>Less detailed but generally accurate</p> <p>The candidate provides a less detailed, but generally accurate, description/explanation of the behavioural model of abnormality that demonstrates knowledge and/or understanding. For example, there is an account of one assumption/feature in reasonable detail, or a number in basic detail.</p>	9-7	<p>Reasonable commentary</p> <p>There is appropriate selection of material to address the question, but this is not always used effectively to produce a reasonable commentary.</p> <p>Reasonable analysis and evaluation of material.</p> <p>A range of issues and/or evidence in limited depth, or a narrower range in greater depth.</p>
3-2	<p>Basic</p> <p>The candidate provides a basic description/explanation of the behavioural model of abnormality that demonstrates some knowledge and/or understanding, but lacks detail and may be muddled. For example, basic features of the model are identifiable, but with little detail.</p>	6-4	<p>Basic commentary</p> <p>The selection and use of material provides only a basic commentary.</p> <p>Basic analysis and evaluation of material.</p> <p>Superficial consideration of a restricted range of issues and/or evidence.</p>
1-0	<p>Very brief/flawed or inappropriate</p> <p>For 1 mark the candidate provides a very brief/flawed description that demonstrates little relevant knowledge or understanding of the behavioural model of abnormality.</p> <p>For 0 marks the candidate provides an inappropriate description that fails to demonstrate any knowledge or understanding of the behavioural model of abnormality.</p>	3-0	<p>Rudimentary/absent or irrelevant commentary</p> <p>The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant.</p> <p>Analysis and evaluation absent or just discernible.</p>

4 (a) Outline **one or more** assumptions of the biological model of abnormality.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>The basic assumption of the biological approach is that mental illnesses resemble physical illnesses and can therefore be diagnosed and treated in a similar way (the so-called medical model). Just as physical illnesses are caused by trauma, disease-producing germs, genetic factors, biochemical imbalances or other changes to the nervous system, it is assumed that this is also true of mental illnesses. Because it assumes that mental disorders arise from such physical causes, it is therefore a biological model.</p> <p>Some answers may be quite specific about biological causal mechanisms, for example in the case of hormone/neurotransmitter imbalances in schizophrenia and depression. This is acceptable, providing underlying assumptions (eg role of physiological factors) are clear from the account. Similarly, examples of biological explanations of specific disorders may be given (eg eating disorders). These can also 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>The specification requires candidates only to know about assumptions in relation to causes, so full marks can be obtained from just these. While related to, and frequently deriving from, assumptions about causality, descriptions of treatment (drug therapy, for example) cannot be credited. However, they could be if they are explicitly related to assumptions in some way (eg they are effective because they address a specific biological mechanism).</p>	6	<p>Accurate and reasonably detailed</p> <p>The candidate provides an accurate and reasonably detailed explanation of one or more assumptions of the biological model of abnormality that demonstrates 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>Less detailed but generally accurate</p> <p>The candidate provides a less detailed, but generally accurate, explanation of one or more assumptions of the biological model of abnormality that demonstrates knowledge and/or understanding. For example, the candidate provides a detailed account of one assumption in less detail.</p>
	3-2	<p>Basic</p> <p>The candidate provides a basic explanation of one or more assumptions of the biological model of abnormality that demonstrates some knowledge and/or understanding but lacks detail and may be muddled. For example, only a brief account of one assumption is given, or a list of assumptions without explanation.</p>
	1-0	<p>Very brief/flawed or inappropriate</p> <p>For 1 mark the candidate provides a very brief/flawed description that demonstrates little relevant knowledge or understanding of one or more assumptions of the biological model of abnormality.</p> <p>For 0 marks the candidate provides an inappropriate description that fails to demonstrate any knowledge or understanding of one or more assumptions of the biological model of abnormality.</p>

- 4 (b) (i) Abnormality can be defined as *deviation from ideal mental health*. Explain this definition of abnormality. (3 marks)
- (ii) Outline **one** limitation of this definition of abnormality. (3 marks)

Marking Criteria	Marks	Performance Descriptions (definition/limitation)
<p>Jahoda (1958) identified a number of characteristics (eg individual choice, resistance to stress, an accurate perception of reality, and self-actualisation) that people should possess in order to be considered normal. Deviation from this ‘ideal’ would therefore constitute grounds for describing the individual as abnormal.</p> <p>Despite some intuitive appeal, it is generally considered an unsatisfactory definition. The criteria are difficult to quantify or otherwise assess. Few people are lucky enough to meet the criteria. Defining abnormality as the deviation from ideal mental health has problems in explaining cross-cultural and historical variations.</p> <p>The limitation in part (ii) must be one that can be applied to the deviation from ideal mental health definition to gain credit.</p>	3	<p>Accurate and reasonably detailed</p> <p>The candidate provides an accurate and reasonably detailed explanation of definition/limitation of the deviation from ideal mental health definition that demonstrates knowledge and understanding, for example through the use of appropriate examples.</p>
	2	<p>Less detailed but generally accurate</p> <p>The candidate provides a less detailed, but generally accurate, explanation of definition/limitation of the deviation from ideal mental health definition that demonstrates knowledge and/or understanding.</p>
	1	<p>Basic</p> <p>The candidate provides a basic explanation of definition/limitation of the deviation from ideal mental health definition that demonstrates some knowledge and/or understanding but lacks detail and may be muddled. For example, the candidate merely states that ‘The definition doesn’t take into account diversity’.</p>
	0	<p>Flawed or inappropriate</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>

4 (c) ‘The media often portray people, particularly women, as unrealistically slim and beautiful. These images may play a role in eating disorders.’

Outline and evaluate psychological explanations of anorexia nervosa **and/or** bulimia nervosa.

(18 marks)

Marking Criteria

AO1: credit should be given for an outline of the psychological explanations of eating disorder(s), which could include the assumptions on which the explanation is based.

AO2: credit should be given for evaluation of these explanations using research studies, consideration of the degree of support for the involvement of psychological factors, examination of the role of other factors, comparison with other explanations. Citing a study in support of a description of psychological causation 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 unless embedded in the context of psychological explanations of these disorders.

Psychodynamic explanations revolve around the idea of conflict, for example the young girl’s denial of her emerging sexuality. Bruch (1973) has argued that disturbed mother-child interactions lead to severe ego-deficiencies in the child and to serious cognitive disturbances which jointly produce disordered eating patterns. Psychoanalytic practitioners have suggested that eating disorders, especially bulimia, can be seen as reactions to personal stress. Support for this is to be found in experiments that have shown that when given electric shocks, women eat more than men, especially if they are trying to control their weight through dieting at the time (Cools *et al*, 1992).

Cognitive theories suggest that individuals with an eating disorder have ‘incorrect beliefs’ about their weight and eating. What starts off as a relatively mild concern with being ‘overweight’ is soon exaggerated, as evidence to the contrary is ignored and only confirming evidence attended to. A major problem with such theories is deciding whether the thoughts were the *cause* of the disorder or its *consequence*. It may be that the distorted beliefs are one of the ways that the disorder *influences* behaviour. Its cause may be something else, for instance genetic factors.

Behaviourist accounts of eating disorders emphasise conditioning. As signalled by the quotation, Western society’s preoccupation with and *cultural idealisation* of thinness has contributed to the increase in eating disorders, because of the real or imagined rewards of being thin. Another source of reinforcement is *family environment*. Research suggests that as many as half of the families with eating disorders have a long history of emphasising thinness, physical appearance and dieting.

It has been argued by **systems theorists** that families of people who develop eating disorders are often disturbed to begin with, and the eating disorder is simply a reflection of the larger family pathology. Minuchin (1978) referred to an ‘enmeshed family pattern’ where family members are over-involved with each others’ affairs and there is little room for individual autonomy. Families of bulimic sufferers seem to have higher than average levels of stress and conflict and poorer problem-solving skills. They tend to support each other less, and tend to criticise, reject and compete with each other more. In such families, children often feel isolated emotionally but are, at the same time, deeply enmeshed in the lives of other family members.

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

4 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
	AO1: Outline of psychological explanations of eating disorder(s).		AO2: Evaluation of psychological explanations of eating disorder(s).
6	Accurate and reasonably detailed The candidate provides an accurate and reasonably detailed outline description of psychological explanations of eating disorder(s) that demonstrates knowledge and understanding. For example, the candidate presents an overview of the cognitive and behavioural explanations of anorexia and bulimia, or one of these in more detail.	12-10	Informed commentary 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. Effective analysis and evaluation of material. Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth. The structure is generally clear and coherent.
5-4	Less detailed but generally accurate The candidate provides a less detailed, but generally accurate, outline description of psychological explanations of eating disorder(s) that demonstrates knowledge and/or understanding. For example, only the behavioural explanation may be considered, but this is not compensated by sufficient detail.	9-7	Reasonable commentary There is appropriate selection of material to address the question, but this is not always used effectively to produce a reasonable commentary. Reasonable analysis and evaluation of material. A range of issues and/or evidence in limited depth, or a narrower range in greater depth.
3-2	Basic The candidate provides a basic outline description of psychological explanations of eating disorder(s) that demonstrates some knowledge and/or understanding, but lacks detail and may be muddled. For example, the behavioural explanation may be briefly mentioned.	6-4	Basic commentary The selection and use of material provides only a basic commentary. Basic analysis and evaluation of material. Superficial consideration of a restricted range of issues and/or evidence.
1-0	Very brief/flawed or inappropriate For 1 mark the candidate provides a very brief/flawed description that demonstrates little relevant knowledge or understanding of psychological explanations of eating disorder(s). For 0 marks the candidates provides an inappropriate description that fails to demonstrate any knowledge or understanding of psychological explanations of eating disorder(s).	3-0	Rudimentary/absent or irrelevant commentary The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant. Analysis and evaluation absent or just discernible.

Assessment Grid

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