



## General Certificate of Education

# Psychology 5181/6181 *Specification A*

*Unit 1 PYA2*

## Mark Scheme

*2005 examination – June 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.

## PYA2

### UNIT 2 (PYA2)

#### 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 obscures 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.

**PHYSIOLOGICAL PSYCHOLOGY****1****Total for this question: 30 marks**

(a) (i) Outline the General Adaptation Syndrome.	(3 marks)
(ii) Give <b>one</b> criticism of the General Adaptation Syndrome.	(3 marks)

**Marking criteria**

This is a straightforward question where answers vary in detail and accuracy. Only 3 marks are available for the outline of the General Adaptation Syndrome (GAS), so depth of description is not required for marks in the top band; correct listing of the stages and outline of a single characteristic of each stage could merit 3 marks if accurate.

Criticisms can be positive or negative. On the positive side the GAS was the first systematic attempt to model the physiological effects of stress. On the negative side the early basic work used non-human animals, and the model has always underplayed the role of psychological factors in the stress response. Contemporary research also suggests that the model is incorrect in some aspects, such as the causes of stress-related illness in the exhaustion stage; this is now thought not to be due to ‘hormonal exhaustion’, but to active pathological processes.

**Marking allocation**

For the outline of the GAS:

<b>3 marks</b>	Outline of the GAS is <b>accurate</b> and <b>detailed</b> . For example, the candidate has listed the stages in the correct order and provided an outline of a characteristic of each stage.
<b>2 marks</b>	Outline of the GAS is <b>limited</b> . It is <b>generally accurate but less detailed</b> . For example, the candidate has listed the stages in the correct order, but provided an outline of a characteristic of only one or two stages.
<b>1 mark</b>	Outline of the GAS is <b>basic, lacking detail</b> and may be <b>muddled and/or flawed</b> . For example, the candidate may offer only a basic listing of the stages with no detail.
<b>0 marks</b>	Outline of the GAS is <b>inappropriate</b> (for example, the candidate may not mention Selye or the GAS) or the description is <b>incorrect</b> .

For one criticism:

<b>3 marks</b>	Statement of one criticism is <b>accurate</b> and <b>detailed</b> . For example, the candidate has outlined and explained clearly the limitation of using non-human animals to develop the model.
<b>2 marks</b>	Statement of one criticism is <b>limited</b> . It is <b>generally accurate but less detailed</b> . For example, the candidate refers to the use of non-human animals in developing the model and gives only a brief explanation of why this is a criticism.
<b>1 mark</b>	Statement of one criticism is <b>basic, lacking detail</b> and may be <b>muddled and/or flawed</b> . For example, the candidate refers to the use of non-human animals but without explaining why it is a limitation.
<b>0 marks</b>	Statement of one criticism is <b>inappropriate</b> or the description is <b>incorrect</b> .

(b) Outline findings **and/or** conclusions of research into life changes as a source of stress (e.g. Holmes and Rahe). (6 marks)

**Marking criteria**

Candidates are likely to focus on the work of Holmes and Rahe and their development and use of the Social Readjustment Rating Scale (or, simply, the life events/changes scale). Findings and/or conclusions could cover their original work in developing the scale, or later studies applying the scale to e.g. naval personnel, and correlating life change scores with subsequent illness. General statements on the link between life changes and illness are technically related to findings and so creditworthy, but are likely to be basic and lacking detail and so restricted to 1-2 marks. Evaluation of Holmes and Rahe’s development work and/or studies is not required and would not earn marks. Some candidates may introduce the hassles and/or uplift scales. These are not life changes scales and such material should not receive credit.

**Marking allocation**

<b>6-5 marks</b>	Outline of findings and/or conclusions of research into life changes as a source of stress is both <b>accurate</b> and <b>detailed</b> . For example, the candidate has offered a detailed account of the development of the life events/changes scale and findings/conclusions from its use in research studies.
<b>4-3 marks</b>	Outline of findings and/or conclusions of research into life changes as a source of stress is <b>limited</b> . It is <b>generally accurate</b> but <b>less detailed</b> . For example the candidate has offered a less detailed account of the development of the life events/changes scale and/or findings/conclusions from its use in research studies.
<b>2-1 marks</b>	Outline of findings and/or conclusions of research into life changes as a source of stress is <b>basic, lacking detail</b> , and may be <b>muddled and/or flawed</b> . For instance, the candidate has only described the life events/changes scale.
<b>0 marks</b>	The description of findings and/or conclusions is <b>inappropriate</b> (for example, the candidate has outlined findings/conclusions from studies not concerned with life events/changes) or the description is <b>incorrect</b> .

(c) Outline and evaluate research (theories **and/or** studies) into the way personality **and/or** gender modify the effects of stressors. (18 marks)

**Marking criteria**

**AO1** marks for this question are awarded for the outline of theories and/or studies relating to the role of personality and/or gender in modifying the effects of stressors. **AO2** marks are awarded for the evaluation of this research.

It is likely that candidates take the opportunity to cover both personality and gender as this provides a wider range of material. However marking should be sensitive to breadth/depth trade-offs as it would be possible to produce a top band answer concentrating only on, for instance, personality.

As the term research covers both theory and studies, descriptions of Type A behaviour patterns and the hardy personality, as well as research findings from studies, would be creditworthy. Candidates are likely to focus on studies of Type A behaviour patterns and heart disease. With gender, studies of differences in physiological reactivity and in use of different coping strategies are likely to feature heavily.

Evaluation can be at the level of general commentary or evaluation of particular studies. With personality general comments may relate to the inconsistency of findings on Type A behaviour and heart disease or how the Type A pattern may include protective factors (high levels of control) as well as vulnerability factors. For gender there may be more anecdotal answers on the nature of sex roles, multi-tasking etc. Such material cannot be credited unless it is psychologically informed.

Candidates may introduce further theories/studies as a form of commentary/evaluation, for instance cultural aspects of gender roles. The degree to which candidates use this material as part of a critical commentary, rather than simply describing alternatives, will constitute the effectiveness of the evaluation and hence the number of marks awarded for AO2.

**Marking allocations****AO1**

<b>6-5 marks</b>	Outline of research into the way personality and/or gender modify the effects of stressors is both <b>accurate</b> and <b>detailed</b> . For example, the candidate has outlined the Type A behaviour pattern and the hardy personality and summarised some findings from research studies.
<b>4-3 marks</b>	Outline of research into the way personality and/or gender modify the effects of stressors is <b>limited</b> . It is <b>generally accurate</b> but <b>less detailed</b> . For example, the candidate has outlined the Type A behaviour pattern and summarised findings of a relevant research study.
<b>2-1 marks</b>	Outline of research into the way personality and/or gender modify the effects of stressors is <b>basic, lacking detail</b> , and may be <b>muddled and/or flawed</b> . For example, the candidate has provided only a muddled account of the Type A behaviour pattern with no reference to research studies.
<b>0 marks</b>	Outline of research into the way personality and/or gender modify the effects of stressors is <b>inappropriate or incorrect</b> .

**AO2**

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

2

**Total for this question: (30 marks)**(a) Outline findings **and/or** conclusions of research into workplace stressors.*(6 marks)***Marking criteria**

There are a large number of workplace stressors, including responsibility (or lack of), control (or lack of), relationships, the physical work environment, home-work interface etc. Candidates may focus on findings/conclusions from a single study in detail (e.g. Johansson et al, Marmot), or present findings/conclusions from a number of studies. Either approach is acceptable.

This is an area where some centres use material on environmental stressors such as crowding, noise and temperature. Unless this material is explicitly linked to the workplace it cannot receive credit. Similarly with work on the role of control in stress.

**Marking allocations**

<b>6-5 marks</b>	Outline of findings and/or conclusions of research into workplace stressors is <b>accurate and detailed</b> . For example, the candidate may offer a detailed and accurate account of the findings/conclusions of Johansson's study, or present findings/conclusions from more than one study in less detail.
<b>4-3 marks</b>	Outline of findings and/or conclusions of research into workplace stressors is <b>limited</b> . It is <b>generally accurate but less detailed</b> . For example, the candidate may offer a less detailed but generally accurate account of the findings/conclusions of Johansson's study, or summary findings/conclusions from more than one study.
<b>2-1 mark</b>	Outline of findings and/or conclusions of research into workplace stressors is <b>basic, lacking detail</b> and may be <b>muddled and/or flawed</b> . For example, the candidate may present only a basic account of the findings/conclusions of Johansson's study, or a muddled account of findings/conclusions from more than one study.
<b>0 marks</b>	Outline of findings and/or conclusions of research into workplace stressors is <b>inappropriate</b> (for example, the candidate has offered material unrelated to workplace stressors) or the description is <b>incorrect</b> .

(b) Describe the findings and conclusions of **one** study of the relationship between stress and physical illness. (6 marks)

**Marking criteria**

In the Specification ‘physical illness’ includes both cardiovascular disorders and effects of stress on the immune system, but could refer to the whole range of physical illnesses related to stress. Candidates therefore have a wide choice. This is one case where Brady’s monkeys would be creditable, although Rosenman’s Western Collaborative study on Type A behaviour and heart disease and the work of Cohen *et al* and Kiecolt-Glaser’s group on the immune system are likely to be more popular. Findings and conclusions are specified in the question, although aspects of procedure may in some cases inform conclusions (e.g. measuring immune function rather than illness *per se* restricts conclusions of Kiecolt-Glaser’s research). If such links are not explicit, description of aims and/or procedures cannot receive credit. Note that description of findings and conclusions need not be perfectly balanced for marks in the top band.

**Marking allocation**

<b>6-5 marks</b>	The description of findings and conclusions of one study is both <b>accurate</b> and <b>detailed</b> . For example, the candidate has accurately described the rates of heart disease in the different groups in Rosenman’s study and drawn the appropriate conclusions.
<b>4-3 marks</b>	The description of findings and conclusions of one study is <b>limited</b> . It is <b>generally accurate</b> but <b>less detailed</b> . Alternatively, description of <i>either</i> the findings <i>or</i> the conclusions is <b>accurate</b> and <b>well-detailed</b> .
<b>2-1 marks</b>	The description of findings and conclusions of one study is <b>basic, lacking detail</b> , and may be <b>muddled and/or flawed</b> . Alternatively, description of <i>either</i> the findings <i>or</i> the conclusions is <b>generally accurate</b> but <b>less detailed</b> .
<b>0 marks</b>	The description of findings and conclusion of one study is <b>inappropriate</b> (for example, the candidate has referred to aims and procedures) or the description is <b>incorrect</b> .



- (c) Outline and evaluate **one or more** psychological methods of stress management (e.g. stress-inoculation training, increasing hardiness). (18 marks)

### Marking criteria

**AO1** marks on this question are assessed on the outlines of one or more psychological methods of stress management. **AO2** marks are available for evaluation of one or more methods.

There are many methods of stress management and each has its strengths and weaknesses, especially in relation to aims, practicality and effectiveness. The question does not ask for explicit *comparison* of methods and this is not necessary for marks in the top bands. The question does require commentary on the method(s), and this could include some overall assessment of the balance between strengths and weaknesses for the higher bands. Higher level comments on the range of methods available are again not required, but would receive credit as part of informed general commentary on strengths and weaknesses in this area. If more than one method is addressed there is likely to be a breadth/depth trade-off, especially in **AO1**.

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

There is no partial performance penalty for AO1 on this question, as one or more methods are asked for. Although for high **AO2** marks strengths and weaknesses may well be considered, the term used in the question is ‘evaluation’, so there is no formal partial performance penalty if only strengths *or* weaknesses are covered.

Candidates may introduce further methods of stress management as a form of commentary/evaluation. The degree to which candidates use this material as part of a critical commentary, rather than simply *describing* alternatives, will constitute the *effectiveness* of the evaluation and hence the number of marks awarded for **AO2**.

### Marking allocations

#### AO1

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

**AO2**

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

**INDIVIDUAL DIFFERENCES****3****Total for this question: 30 marks**

- (a) (i) Outline the “failure to function adequately” definition of abnormality. (3 marks)
- (ii) Outline **one** limitation of the “failure to function adequately” definition of abnormality. (3 marks)

**Marking criteria**

The core of this definition is that psychological disorder interferes with normal behaviour and/or introduces periods of e.g. irrationality and unpredictability, and in general effects the ability of people to function adequately in society (e.g. maintaining jobs and relationships). Often the person concerned is the first to be aware of the problem, although this is not a necessary part of the definition. Some of Rosenhan and Seligman’s features of abnormality would be an effective way of illustrating the definition (suffering, maladaptiveness, unconventionality, as well as irrationality and unpredictability). The Global Assessment of Functioning axis of DSM-IV is also directly linked to social functioning and would be another effective approach.

Limitations of the definition include the subjective qualitative judgements that may have to be made – who decides the threshold for a failure to function adequately? – particularly in cases such as psychosis where the person themselves may not be aware of any problem. Candidates may refer to cultural relativism, but would have to be specific on how it related to failure to function adequately, as in theory this definition could be applied equally to any society. They could make the point that e.g. extended periods of grief after bereavement or unconventionality are more acceptable in some cultures and subcultures than in others.

**Marking allocations**

For outline definition:

<b>3 marks</b>	Outline of the failure to function adequately definition of abnormality is <b>accurate and detailed</b> . For example, the candidate has accurately outlined the definition and provided two or three of Rosenhan and Seligman’s features of abnormality.
<b>2 marks</b>	Outline of the failure to function adequately definition of abnormality is <b>limited</b> . It is <b>generally accurate but less detailed</b> . For example, the candidate has outlined the definition but provided only one of Rosenhan and Seligman’s features of abnormality.
<b>1 mark</b>	Outline of the failure to function adequately definition of abnormality is <b>basic, lacking detail</b> and may be <b>muddled and/or flawed</b> . For example, the candidate may offer only a basic outline of the definition without reference to any specific features.
<b>0 marks</b>	Outline of the failure to function adequately definition is <b>inappropriate</b> (for example, the candidate outlines another definition) or the description is <b>incorrect</b> .

For one limitation:

<b>3 marks</b>	Outline of one limitation is <b>accurate and detailed</b> . For example, the candidate refers to the need for subjective judgements and gives a clear example of why this could be problematical. Alternatively they may refer to cultural relativism, and provide an example of how this is specifically relevant to this definition.
<b>2 marks</b>	Outline of one limitation is <b>limited</b> . It is <b>generally accurate but less detailed</b> . For example, the candidate refers to the need for subjective judgements or to cultural relativism but provides less specific and relevant examples.
<b>1 mark</b>	Outline of one limitation is <b>basic, lacking detail</b> and may be <b>muddled and/or flawed</b> . For example, the candidate may offer only a vague and non-specific reference to the need for subjective judgements or cultural relativism.
<b>0 marks</b>	Outline of one limitation is <b>inappropriate</b> (for example, the candidate refers to a limitation of another definition) or the description is <b>incorrect</b> .

(b) Describe **one or more** assumptions of the behavioural model in relation to the treatment of abnormality. (6 marks)

**Marking criteria**

The behavioural model assumes that abnormal behaviour is learnt through processes such as classical and operant conditioning and social learning (modelling). Assumptions regarding treatment therefore concentrate on replacing faulty learning with new associations. Techniques such as systematic desensitization, aversion therapy, and token economies are designed to extinguish inappropriate responses and reward desirable behaviour.

Candidates may describe treatments. To obtain marks in the top band, treatments must be explicitly linked to assumptions of the model. If there is some implicit linkage a maximum of 4 marks can be awarded, while description of treatments, however accurate and detailed, can receive a maximum of 2 marks if no linkage to assumptions is present. Note that although unlikely, reference to specific treatments is not actually required for marks in the top band.

In the Specification, behavioural approaches are separated from cognitive approaches. Descriptions of cognitive behavioural therapy that concentrate on the cognitive aspects of treatment will therefore not earn marks, although any description of behavioural components would be relevant to this question.

An accurate and detailed answer could be based around a single assumption ('as abnormal behaviour is learnt through conditioning, treatment involves conditioning techniques'), and there are no partial performance penalties for this question.

**Marking allocations**

6-5 marks	The description of assumptions of the behavioural model in relation to the treatment of abnormality is both <b>accurate and detailed</b> . For example, the candidate has accurately described treatments and explicitly linked them to learning principles.
4-3 marks	The description of assumptions of the behavioural model in relation to the treatment of abnormality is <b>limited</b> . It is <b>generally accurate but less detailed</b> . For example, the candidate has accurately described treatments but there is only implicit linkage to learning principles.
2-1 marks	The description of assumptions of the behavioural model in relation to the treatment of abnormality is <b>basic, lacking detail</b> , and may be <b>muddled and/or flawed</b> . For example, the candidate has described treatments with no linkage to learning principles.
0 marks	The description of assumptions of the behavioural model in relation to the treatment of abnormality is <b>inappropriate</b> (for example, the candidate has referred to another model of abnormality) or the description is <b>incorrect</b> .

(c) “Eating disorders may be caused by psychological factors. Examples include exposure to media stereotypes of the ideal body and family problems during development.”

Outline and evaluate **one or more** psychological explanations of eating disorders. (18 marks)

### Marking criteria

**AO1** credit should be given for the outline of one or more psychological models of eating disorders.

**AO2** credit should be given for commentary on the success (or not) of psychological models in explaining eating disorders, for example by using relevant research studies including evaluating such studies, and for general commentary on the problems of explaining eating disorders.

The quote guides the candidate towards specific psychological models of eating disorders, such as behavioural/social learning (peer groups, media influences), psychodynamic (Freud, Bruch etc), and family systems approaches (e.g. Minuchin). Research findings are accessible for media influences but less available for psychodynamic and family systems models, although case studies could be used effectively. **AO2** material can include assessment of the degree of support for models from research findings, and also commentary at the level of models rather than individual studies. This might include, for instance, the problem of testing Freudian approaches, the need to explain the vast number of young females who do not succumb to media stereotypes, the need for any model to explain the gender bias and age of onset of these disorders, or the probability that they are multifactorial disorders.

Candidates may introduce further theories/studies (e.g. biological models) as a form of commentary/evaluation. The degree to which they use this material as part of a critical commentary, rather than simply describing alternatives, will constitute the effectiveness of the evaluation and hence the number of marks awarded for **AO2**.

### Marking allocations

#### AO1

<b>6-5 marks</b>	Description of one or more psychological explanations of eating disorders is both <b>accurate and detailed</b> . For example, the candidate has outlined in detail Freudian ideas on the causes of eating disorders, or outlined in less detail that and the possible role of social learning via the media.
<b>4-3 marks</b>	Description of one or more psychological explanations of eating disorders is <b>limited</b> . It is <b>generally accurate</b> but <b>less detailed</b> . For example, the candidate has provided a less detailed account of Freudian ideas on the causes of eating disorders, or basic accounts of two explanations.
<b>2-1 marks</b>	Description of one or more psychological explanations of eating disorders is <b>basic, lacking detail</b> , and may be <b>muddled and/or flawed</b> . For example, the candidate has provided only a muddled and basic account of Freudian ideas or of the role of the media.
<b>0 marks</b>	Description of one or more psychological explanations of eating disorders is <b>inappropriate</b> (for instance the research relates to biological models) <b>or incorrect</b> .

**AO2**

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

4

**Total for this question: 30 marks**

- (a) (i) Outline **one or more** assumptions of the biological (medical) model in relation to the causes of abnormality. (3 marks)
- (ii) Outline **one or more** assumptions of the psychodynamic model in relation to the causes of abnormality. (3 marks)

**Marking criteria**

The biological model focuses on genetics, neurotransmitters and neuropathology as key elements in causing abnormality.

The psychodynamic model refers to psychosexual stages, conflict, fixation, and defence mechanisms such as repression, displacement, and projection. The general emphasis on unconscious processes and early childhood (sexual) experiences would also be relevant. Outline of assumptions must be related to abnormality for marks in the top two bands.

It is likely that candidates will present more than one assumption. However it would be possible for one assumption (e.g. the role of neurotransmitters) to be covered in sufficient detail for marks across the range. It would be effective, though not required, for examples to be used to illustrate assumptions of the model e.g. repression related to clinical depression, or the dopamine model of schizophrenia. Some candidates are likely to include evaluative material and treatments, but these are not required and should not receive credit.

**Marking allocations**

For each model:

<b>3 marks</b>	Outline of one or more assumptions of one model is <b>accurate and detailed</b> . For example, the candidate refers to fixation and repression, or to the role of genes and neurotransmitters, in detail and/or with appropriate examples.
<b>2 marks</b>	Outline of one or more assumptions of one model is <b>limited</b> . It is <b>generally accurate but less detailed</b> . For example, the candidate refers to fixation and repression, or to the role of genes and neurotransmitters, but with less detail and without examples.
<b>1 mark</b>	Outline of one or more assumptions of one model is <b>basic, lacking detail</b> and may be <b>muddled and/or flawed</b> . For example, the candidate may offer only a basic and muddled account of repression or of the role of genes, or fail to relate outlines to abnormality.
<b>0 marks</b>	Outline of one or more assumptions of one model is <b>inappropriate</b> (for example, the candidate refers to the cognitive or behavioural models) or the description is <b>incorrect</b> .

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

(6 marks)

### Marking criteria

It is likely that candidates present one of the several MZ/DZ studies of anorexia nervosa (e.g. Holland et al., 1984). Findings may refer to the concordance rates for the different groups, while conclusions may relate to the interpretation of these findings in relation to a possible genetic factor in anorexia nervosa. Minor errors in reporting concordance rates should be ignored as long as they do not alter the conclusions that were drawn by the original authors. Evaluative material, such as the possible differing environments of MZ and DZ twins, cannot receive credit unless it is used to extend one of the conclusions to the study.

Clearly there are many other biological and psychological studies of anorexia nervosa that could legitimately be used. Approaches such as Bruch's do not lend themselves to this form of question, but candidates can still gain some credit if a study is identifiable within the answer and findings and/or conclusions referred to. Studies of bulimia nervosa would not be acceptable. There is no requirement for the description of findings and conclusions to be equally balanced for marks across the range.

A further possibility is that candidates refer to a study on eating disorders with no specific reference to anorexia nervosa. This is likely in e.g. case studies and studies of media influence, as they are often presented in a non-specific ways in textbooks. In these instances candidates can be credited across the mark range. MZ/DZ twin studies are highly specific and answers can only be credited if they refer to anorexia nervosa.

### Marking allocations

<b>6-5 marks</b>	Description of the findings and conclusions of one study is both <b>accurate and detailed</b> . For example, the candidate gives an accurate and detailed account of the findings and conclusions of one of the MZ/DZ twin studies, although not necessarily in the same amount of detail.
<b>4-3 marks</b>	Description of the findings and conclusions of one study is <b>limited</b> . It is <b>generally accurate but less detailed</b> . For example, the candidate may give a less detailed but generally accurate account of the findings and conclusions of one of the MZ/DZ twin studies. Alternatively, description of either the findings or the conclusions is <b>accurate and well-detailed</b> .
<b>2-1 marks</b>	Description of the findings and conclusions of one study is <b>basic, lacking detail</b> , and may be <b>muddled and/or flawed</b> . For example, the candidate may give only a basic and muddled account of one of the MZ/DZ twin studies.
<b>0 marks</b>	Description of the findings and conclusions of one study is <b>inappropriate</b> (for example, the candidate has described a study not concerned with anorexia nervosa) or the description is <b>incorrect</b> .



- (c) “Psychological abnormality can be defined in various ways, such as statistical infrequency or deviation from ideal mental health; each has its strengths and weaknesses.”

Outline and evaluate **two or more** definitions of psychological abnormality. (18 marks)

### Marking criteria

**AO1** marks on this question are awarded for the description of two or more definitions of abnormality.

**AO2** marks are credited for the effective use of the material, analysis of the different attempts, and commentary on the issues raised by the question.

Candidates are likely to outline and evaluate the two definitions in the quotation and/or others listed in the specification, but alternatives, such as personal distress, would also be relevant. All have various drawbacks, but variation is likely in the accuracy and detail of how, for example, ‘cultural relativity’ affects the different approaches. It could be seen to be more relevant to a social norm model, for example, than a statistical one. (This is part of a general issue that weaker candidates have trouble clearly distinguishing between different definitions e.g. statistical infrequency and deviation from social norms).

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

Abnormality can also be defined in terms of classification systems such as DSM and ICD, which are not on the AS specification but candidates also attempting Module 4 could refer to them. **Models of abnormality are clearly separated from definitions in the Specification and cannot receive credit.**

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

Candidates may introduce further theories/studies as a form of commentary/evaluation. The degree to which candidates use this material as part of a critical commentary, rather than simply *describing* alternatives, will constitute the *effectiveness* of the evaluation and hence the number of marks awarded for **AO2**.

### Marking allocations

#### AO1

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

**AO2**

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

**ASSESSMENT GRID: JUNE 2002**

<b>Question</b>	<b>AO1</b>	<b>AO2</b>
<b>1 (a)</b>	6	-
<b>(b)</b>	6	-
<b>(c)</b>	6	12
<b>Total for Question 1</b>	<b>18</b>	<b>12</b>
<b>2 (a)</b>	6	-
<b>(b)</b>	6	-
<b>(c)</b>	6	12
<b>Total for Question 2</b>	<b>18</b>	<b>12</b>
<b>3 (a)</b>	6	-
<b>(b)</b>	6	-
<b>(c)</b>	6	12
<b>Total for Question 3</b>	<b>18</b>	<b>12</b>
<b>4 (a)</b>	6	-
<b>(b)</b>	6	-
<b>(c)</b>	6	12
<b>Total for Question 4</b>	<b>18</b>	<b>12</b>
QoWC	2	-
Total for unit	38	24
% weighting AS	20.4	12.9
% weighting A Level	10.2	6.5