



ASSESSMENT and
QUALIFICATIONS
ALLIANCE

Mark scheme

June 2003

GCE

Psychology A

Unit PYA2

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UNIT 2
QUALITY OF WRITTEN COMMUNICATION

2 marks	The work is characterised by the ACCURATE and CLEAR expression of ideas, a BROAD RANGE of specialist terms and only MINOR ERRORS in grammar, punctuation and spelling.
1 mark	The work is characterised by a REASONABLE expression of ideas, the use of a REASONABLE RANGE of specialist terms and FEW ERRORS of grammar, punctuation and spelling.
0 marks	The work is characterised by a POOR expression of ideas, LIMITED USE of specialist terms and POOR grammar, punctuation and spelling.

ASSESSMENT OBJECTIVES ONE AND TWO

AO1	Assessment objective one = knowledge and <i>understanding</i> 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 <i>evaluation</i> of psychological theories, concepts, studies and methods and communication of knowledge and understanding of psychology in a clear and effective manner.

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

(a) (i)	Outline one psychological method of stress management (e.g. increasing hardiness, stress-inoculation).	(3 marks)
(ii)	Outline one weakness of the method you have outlined in (i).	(3 marks)

Marking criteria

Although the specification refers specifically to the methods mentioned in the question, other methods can be justified as having a substantial psychological component. In fact only drugs would be immediately excluded. Any outline must, however, directly or indirectly refer to the psychological element. If less structured methods such as meditation or relaxation are used, the outline must still be detailed and accurate for marks in the top bands. As the specification refers to ‘methods’ and ‘approaches’ interchangeably, an answer of a more conceptual or overview nature would be acceptable.

One weakness of the approach is required. For cognitive-behavioural approaches this could be the need to invest considerable time and money in the process, while for others it may be doubts about effectiveness or the failure to target the specific causes of stress.

Marking allocations

Outline of one approach:

3 marks	Outline of one psychological method is both accurate and detailed . For example, the candidate names the stages of stress-inoculation training accurately and with some elaboration.
2 marks	Outline of one psychological method is limited . It is generally accurate but less detailed . For example, the candidate only names the stages of stress-inoculation training.
1 mark	Outline of one psychological method is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate may name only one or two of the stages of stress-inoculation training, or list three in the wrong order.
0 marks	Outline of one psychological method is inappropriate (for example the candidate may offer non-psychological methods) or incorrect .

Outline of one weakness:

3 marks	Outline of one weakness of a psychological method is both accurate and detailed . For example the candidate refers to the time needed for the different stages of stress-inoculation training.
2 marks	Outline of one weakness of a psychological method is limited . It is generally accurate but less detailed . For example the candidate refers to the time needed for stress-inoculation training but with less detail.
1 mark	Outline of one weakness of a psychological method is basic, lacking detail , and may be muddled and/or flawed . For example the candidate provides only a basic or muddled account of the time needed for stress-inoculation training.
0 marks	Outline of one weakness of a psychological method is inappropriate (for example, the candidate may refer to a weakness of another method) or incorrect .

(b) Describe the procedures and findings of **one** study of the relationship between stress and cardiovascular disorders. (6 marks)

Marking criteria

There are many studies on links between stress and heart disease, but candidates are likely to focus on the Friedman and Rosenman Type A material, and in particular the Western Collaborative Group study. This would give them ample opportunity to balance the description of procedures with the findings. Other studies may lend themselves to less balanced presentations, but overall description could still match the criteria for the top band. Research into workplace stress could also be relevant to this question.

It is possible that some candidates may present studies with only implicit links to cardiovascular disorders e.g. Holmes and Rahe's work on stress and general illness outcomes, which could include cardiovascular disorders even if not mentioned as such by the candidate. If there is some such implicit linkage, such answers can receive a maximum of 2 marks. Bradey's Executive Monkeys Studies were not concerned with CV disorders and will not receive credit. Statements that clearly refer to 'aims' or 'conclusions', or that are evaluative, cannot receive credit.

Marking allocations

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

(c) “The problem with studying life changes is that they have different effects on different people.”

Outline and evaluate research (theories **and/or** studies) into life changes (e.g. Holmes and Rahe) as a source of stress. (18 marks)

Marking criteria

In this part of the question the **AO1** criteria are satisfied by the *outline* of research into life changes as a source of stress. **AO2** criteria will be satisfied by an evaluation of this research.

Candidates will probably focus on the Holmes-Rahe approach and its successors (e.g. Sarason’s life events scale). Research includes both theory and studies, so the development of scales would be relevant. Better answers should be able to evaluate the Holmes-Rahe approach in terms of its methodology and also via findings (e.g. the low or absent correlations between life event scores and stress-related illness), and also perhaps to discuss the improved approach of e.g. Sarason. The hassles and uplifts scales do not involve major life events, but developed as an alternative approach; thus they could be introduced as effective evaluation of the life event approach. If they are not linked in as evaluation, they cannot receive credit beyond the 2-1 band for AO2.

Better candidates may also be able to discuss the variety of sources of stress in everyday life at a more general level, pointing out the problems in concentrating on only one aspect. It is very unlikely, but if candidates focus on practical issues of doing this type of research e.g. finding sufficient participants, this would be relevant and creditworthy.

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

Marking allocations

AO1

6-5 marks	Description of research into life changes as a source of stress is both accurate and detailed . For example, the candidate has described the development of the Holmes-Rahe scale and presented relevant research evidence.
4-3 marks	Description of research into life changes as a source of stress is limited . It is generally accurate but less detailed . For example, the candidate has provided a generally accurate but less detailed account of the development of the Holmes-Rahe scale and a less detailed account of relevant research evidence.
2-1 marks	Description of research into life changes as a source of stress and of relevant research evidence is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate has provided only a basic or muddled account of the Holmes-Rahe scale and of relevant research evidence.
0 marks	Description of research into life changes as a source of stress and of relevant research evidence is inappropriate or incorrect .

AO2

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

2

Total for this question: 30 marks

(a) Describe Selye's General Adaptation Syndrome.

*(6 marks)***Marking Criteria**

This is a straightforward question where answers will vary along the lines of the detail and accuracy with which the stages are described. Answers in the top band should offer appropriate elaboration, such as pituitary-adrenal cortex and autonomic-adrenal medulla activation, and the release of adrenaline and corticosteroids from the adrenal gland. The stages should be accurately identified and some characteristic of each described e.g. physiological arousal, sustained defence, possible occurrence of stress-related illness. Additional features, such as immunosuppression, would be creditworthy but not necessary for marks in the top band. Evaluative comments are not required and should not receive credit. Although unlikely, candidates taking a more generic view should receive credit.

Marking Allocation

6-5 marks	Description of Selye's GAS is both accurate and detailed . For example, the candidate provides accurate detail of characteristic features of each stage.
4-3 marks	Description of Selye's GAS is generally accurate but less detailed . For example the candidate may list the three stages but provide accurate detail for only one or two of them or some accurate detail of all three.
2-1 marks	Description of Selye's GAS is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate may offer only a basic and muddled listing of the stages with no detail.
0 marks	Description of Selye's GAS is inappropriate (for example, the candidate may not mention Selye or the GAS) or the description is incorrect .

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

(6 marks)

Marking criteria

There is no requirement for candidates to refer to specific theories and/or studies. It is probable that better answers will outline general findings on e.g. the role of social support in moderating the effects of stress and how social support varies across culture, or how Type A behaviour is reinforced in Western societies and therefore may contribute to higher levels of heart disease. Alternatively they may concentrate on a single study and present its findings in some detail; either approach is valid. A more conceptual overview approach would also be acceptable, but would need to be clearly psychologically-informed to move into the upper bands.

Although ‘gender’ is often included as an aspect of ‘culture’, the specification clearly separates the two, and for the purposes of this question answers dealing only with gender differences in stress responses will not receive credit, unless the existence of male and female as *separate sub-cultures* is specifically stated. It is also possible that candidate will explicitly incorporate gender differences into broader cultural issues, such as differing lifestyles of women across different societies, and this would be acceptable.

Marking allocations

6-5 marks	Outline of the role of culture is both accurate and detailed . For example, the candidate describes the varying role of social support across different ethnic groups with accuracy and detail.
4-3 marks	Outline of the role of culture is limited . It is generally accurate but less detailed . For example, the candidate provides a generally accurate but less detailed account of the varying role of social support across different ethnic groups.
2-1 marks	Outline of the role of culture is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate provides only a muddled account of the role of social support across different ethnic groups.
0 marks	Outline of the role of culture is inappropriate (for example, the candidate outlines findings that are not related to the effects of culture) or the outline is incorrect .

- (c) Consider **two** physiological methods of stress management (e.g. drugs, biofeedback) in terms of their strengths and weaknesses. *(18 marks)*

Marking criteria

In this question **AO1** criteria will be met by the necessary description of two physiological methods of stress management. Selection of relevant strengths and weaknesses and appropriate commentary will meet the **AO2** criteria for this question.

Candidates are guided towards drugs and biofeedback. Other methods, such as progressive muscle relaxation, could be justified as targeting physiological systems but this justification would need to be explicit for them to be acceptable. Both drugs and biofeedback have a range of accessible strengths and weaknesses, such as speed, effectiveness, side effects, dependence, and not treating causes of stress (drugs), or time, training, commitment, effectiveness (or not), expense, sense of control etc (biofeedback). There is no requirement for a comparison of the two methods in terms of strengths and weaknesses, although this would earn marks as part of the overall commentary.

Statements of strengths and weaknesses can qualify as ‘appropriate selection of material’ under **AO2** criteria. Further AO2 credit can be earned by an assessment of the relative strengths and weaknesses for each method, their impact on the methods, and/or by comparison of the two methods as mentioned above. There is no requirement that strengths and weaknesses have to be balanced for marks across the range. However, two methods are specified in the question, and so there is a partial performance penalty on both AO1 and AO2. Candidates considering only **one** approach can receive a maximum of **4 marks** in Skill Domain **AO1** and a maximum of **8 marks** in Skill Domain **AO2**.

There is also a partial performance possibility in relation to strengths and weaknesses. Candidates considering **two** methods but **only** covering strengths **or** weaknesses can receive marks across the scale for AO1 but a **maximum** of 8 marks for AO2.

A combination of **one** method together with strengths **or** weaknesses would receive a **maximum** of 4 marks for AO1 and 4 marks for AO2.

There is no requirement that strengths and weaknesses have to be balanced for marks across the range although both must be present. As **two** methods are also specified in the question, there are partial performance penalties on both **AO1** and **AO2**. The grid below summarises these, and they are also embedded in the marking allocations.

	Maximum AO1 mark	Maximum AO2 mark
Two approaches, strengths and weaknesses	6	12
Two approaches, strengths or weaknesses	6	8
One approach, strengths or weaknesses	4	8
One approach, strength or weakness	4	4

Marking allocations**AO1**

6-5 marks	Description of two physiological methods is both accurate and detailed . For example, the candidate provides accurate and detailed accounts of the use of drugs and biofeedback.
4-3 marks	Description of two physiological methods is limited . It is generally accurate but less detailed . For example, the candidate provides accurate but less detailed accounts of the use of drugs and biofeedback. Alternatively, description of one method is accurate and detailed (i.e. <i>partial performance</i>).
2-1 marks	Description of two physiological methods is basic, lacking detail and may be muddled and/or flawed . For example, the candidate may provide only a muddled account of the use of drugs and biofeedback. Alternatively, description of one method is limited, generally accurate, but less detailed (i.e. <i>partial performance</i>).
0 marks	Description of two physiological methods is inappropriate or incorrect .

AO2

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

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

(a) (i)	Outline the “deviation from social norms” definition of abnormality.	(3 marks)
(ii)	Outline one limitation of the “deviation from social norms” definition of abnormality.	(3 marks)

Marking criteria

The deviation from social norms approach defines abnormality in terms of prevailing social norms. For marks in the top band this definition must be clearly distinguishable from others e.g. statistical infrequency or deviations from ideal mental health i.e. they must accurately outline social norms and how they relate to definitions of abnormality. Examples would be a concise way of doing this, but are not required for the top band.

The approach has many limitations, such as the problem of defining a threshold for deviance, for distinguishing eccentricity or minor law-breaking from abnormality, the changes in social norms over time, and the ubiquitous cultural relativity. Again, for marks in the top band, candidates must relate the limitation they describe to the ‘deviation from social norms’ definition. The use of examples would be effective, but is not required for marks across the range.

Marking allocations

For the outline definition:

3 marks	Outline of the ‘deviation from social norms’ definition of abnormality is both accurate and detailed . For example, the candidate may define social norms and give an example of how a deviation can reflect abnormality.
2 marks	Outline of the ‘deviation from social norms’ definition of abnormality is limited . It is generally accurate but less detailed . For example, the candidate may offer a less detailed but generally accurate account of social norms and how deviations can reflect abnormality.
1 mark	Outline of the ‘deviation from social norms’ definition of abnormality is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate may offer only a basic description of social norms without reference to deviations and/or abnormality.
0 marks	Outline of the ‘deviation from social norms’ definition of abnormality is inappropriate (for example, the candidate may describe a different model) or the description is incorrect .

Outline of one limitation:

3 marks	Outline of one limitation of the ‘deviation from social norms’ definition of abnormality is both accurate and detailed . For example, the candidate gives an accurate and detailed account of cultural relativism in relation to social norms and abnormality.
2 marks	Outline of one limitation of the ‘deviation from social norms’ definition of abnormality is limited . It is generally accurate but less detailed . For example, the candidate offers a less detailed but accurate account of cultural relativism in relation to social norms and abnormality.
1 mark	Outline of one limitation of the ‘deviation from social norms’ definition of abnormality is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate may offer only a basic or muddled account of cultural relativism in relation to social norms and abnormality.
0 marks	Outline of one limitation of the ‘deviation from social norms’ definition of abnormality is inappropriate (for example, the candidate presents a limitation not relevant to this model) or incorrect .

(b) Describe the findings and conclusions of one study of anorexia nervosa.	<i>(6 marks)</i>
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Marking criteria

It is likely that candidates will present one of the several MZ/DZ studies of anorexia nervosa (e.g. Holland et al., 1984). Findings will refer to the concordance rates for the different groups, while conclusions will 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 emerges as 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.

Marking allocations

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

(c) “Despite its weaknesses, the psychodynamic model is still useful in understanding and treating psychological disorders.”

Outline key features of the psychodynamic model of abnormality and consider its strengths **and/or** limitations. (18 marks)

Marking criteria

In this question the **AO1** criteria are satisfied by a brief description of the key features of the psychodynamic model of abnormality. **AO2** criteria are likely to consist of an assessment of its strengths and/or limitations through a general evaluation of psychodynamic approaches and/or the level of support for the model derived from research evidence and/or treatment effectiveness, or by comparison with other models.

The question is on the psychodynamic model (e.g. Freud) of *abnormality*. For AO1 or AO2 marks in the higher bands candidates must refer specifically to abnormality rather than Freud’s theory of personality in general. Weaker answers are likely to describe and discuss the general model of psychosexual development with little or no reference to abnormal behaviour. Better candidates should be able to describe defence mechanisms such as repression and fixation, their emergence in adulthood as psychological disorders, the role of the unconscious, and perhaps treatments.

Strengths and limitations could include (lack of) experimental support for the general model, reviews of the effectiveness (or not) of psychodynamic intervention, the emphasis on unconscious processes affecting our behaviour and on the importance of early childhood experience, Freud’s original limited set of case studies (but by now candidates should be aware that many thousands of people have undergone psychodynamic therapy) etc.

Answers restricted to a general review of the psychodynamic model with no reference to abnormality can receive a maximum mark of 2 for AO1 and 4 for AO2.

For AO2 candidates are required to consider strengths *and/or* limitations. There is *no* partial performance penalty for candidates discussing only one.

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

Marking allocations**AO1**

6-5 marks	Outline of the key features of the psychodynamic model is both accurate and detailed . For example, the candidate describes how abnormality may relate to fixation at particular stages of psychosexual development.
4-3 marks	Outline of the key features of the psychodynamic model is limited . It is generally accurate but less detailed . For example, the candidate gives a generally accurate but less detailed account of how abnormality may relate to fixation at particular stages of development.
2-1 marks	Outline of the key features of the psychodynamic model is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate gives only a basic and muddled account of fixation in relation to abnormality.
0 marks	Outline of the key features of the psychodynamic model is inappropriate (for example, the candidate describes another model) or incorrect .

AO2

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

4

Total for this question: 30 marks

- (a) (i) Outline **one** assumption of the behavioural model in relation to the causes of abnormality. (3 marks)
- (ii) Outline **one** assumption of the cognitive model in relation to the causes of abnormality. (3 marks)

Marking criteria

The behavioural model assumes that abnormal behaviour is learnt through processes such as classical and operant conditioning and social learning. Answers may be very specific, such as the role of classical conditioning in phobias, or more general, such as the assumption re the role of learning principles in abnormal behaviour. Either approach is acceptable. Answers will vary in terms of the level of understanding and detail provided.

The cognitive model assumes that abnormal behaviour is caused by faulty cognitions, such as Beck's triad (pessimistic assumptions about the self, the world, and the future), which probably originate in early childhood experiences. Again, answers may be highly specific, detailing one cognitive error such as incorrect inferences from a single experience, or more general, in terms of the overall role of faulty cognitions.

Marking allocations

For one assumption in relation to causes:

3 marks	Outline of one assumption related to causes is both accurate and detailed . For example, the candidate can provide an accurate outline of the role of classical conditioning in phobias, or of the role of Beck's cognitive triad in depression.
2 marks	Outline of one assumption related to causes is limited . It is generally accurate but less detailed . For example, the candidate can provide a less detailed account of the role of learning in phobias, or of the role of Beck's cognitive triad in depression.
1 mark	Outline of one assumption related to causes is basic, lacking detail , and may be muddled and/or flawed . For example, the description of the role of learning in abnormality or of the role of Beck's cognitive triad in depression is basic and muddled.
0 marks	Outline description of one assumption related to causes is inappropriate (for example, the candidate has described an assumption of the psychodynamic model of abnormality) or the description is incorrect .

(b) Explain how **two** definitions of abnormality are limited by cultural relativism. (3marks + 3 marks)

Marking criteria

The term *cultural relativism* refers to the idea that decisions as to what is normal and what is abnormal in human behaviour are inevitably value judgements and depend upon the specific cultural context. For some definitions of abnormality this is fairly easy to illustrate; social norms, for instance, inevitably have culturally-specific aspects and candidates should have examples to back this up e.g. attitudes to hallucinations, cannibalising dead relatives etc. Deviation from ideal mental health and failure to function adequately also have a clear Western industrialised society bias (e.g. emphasis on autonomy and personal growth). It can also be pointed out that statistical infrequency depends absolutely on the culturally-specific statistical norms of behaviour.

Limitations are required, so general debates on cultural relativism are unlikely to receive credit, and neither would examples of abnormality not subject to cultural relativism (e.g. incapacitating depression). Weaker candidates are likely to refer to changing attitudes to e.g. homosexuality, over time. Unless this is explicitly placed in a cultural or sub-cultural context it cannot receive credit.

Marking allocations

For each limitation:

3 marks	Explanation of how one definition of abnormality is limited by cultural relativism is both accurate and detailed . For example, the candidate gives an accurate and detailed account of how the deviation from social norms definition varies from culture to culture, with effective use of examples.
2 marks	Explanation of how one definition of abnormality is limited by cultural relativism is limited . It is generally accurate but less detailed . For example, the candidate gives a less detailed but generally accurate account of how the deviation from social norms definition varies from culture to culture, with some use of examples.
1 mark	Explanation of how one definition of abnormality is limited by cultural relativism is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate gives only a basic and muddled account of how the deviation from social norms definition varies from culture to culture.
0 marks	Explanation of how one definition of abnormality is limited by cultural relativism is inappropriate (for example, the candidate describes a limitation not related to cultural relativism) or incorrect .

(c) To what extent does research evidence (theories **and/or** studies) support the view that anorexia nervosa **and/or** bulimia nervosa are caused by biological factors? (18 marks)

Marking criteria

In this part of the question the **AO1** criteria are satisfied by a description of research evidence (theories and/or studies) supporting the possible involvement of biological factors in eating disorders. **AO2** criteria are likely to consist of an evaluation of the evidence, a consideration of the degree of support for the involvement of biological factors in eating disorders, and examination of evidence for the involvement of other factors.

The strongest evidence in favour of an involvement of biological factors in eating disorders comes from the various MZ/DZ twin studies (Kendler, Holland etc), and these are likely to feature prominently. Less likely but relevant to genetic influences would be family studies and the comorbidity of eating disorders with e.g. depression and obsessive-compulsive disorder. Other areas include possible hypothalamic and hormonal dysfunction and neurotransmitter (serotonin) involvement in bulimia. Evaluation of this evidence could include the limited nature of the twin work, MZ concordance rates much lower than 100%, the small amount of direct evidence for hypothalamic/serotonin involvement, the possibility that biological changes in the brain may be a consequence of the eating disorder rather than a cause, and how to explain the gender ratio and age of onset.

Commentary may include alternative explanations and appropriate supporting evidence, such as social learning and imitation, or psychodynamic approaches. The degree to which candidates use this material as part of a critical commentary, rather than simply *describing* alternatives, will constitute the *effectiveness* of the evaluation and hence the number of marks awarded for AO2. Candidates who offer no commentary may still be judged to have selected appropriate material and thus commentary can be described as ‘just discernible’. Better candidates may be able to comment on multifactorial approaches to these disorders.

Marking allocations

AO1

6-5 marks	Description of research evidence supporting a role for biological factors is both accurate and detailed . For example, the candidate gives an accurate and detailed account of MZ/DZ twin studies.
4-3 marks	Description of research evidence supporting a role for biological factors is limited . It is generally accurate but less detailed . For example, the candidate gives generally accurate but less detailed accounts of MZ/DZ twin studies.
2-1 marks	Description of research evidence supporting a role for biological factors is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate gives only a basic and muddled account of twin studies of eating disorders.
0 marks	Description of research evidence supporting a role for biological factors is inappropriate (for example, the candidate describes evidence on psychological factors) or the description is incorrect .

AO2

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

ASSESSMENT GRID

Question	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 A Level	10.2	6.5	