



ASSESSMENT and
QUALIFICATIONS
ALLIANCE

Mark scheme January 2004

GCE

Psychology A

Unit PYA2

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UNIT 2**QUALITY OF WRITTEN COMMUNICATION (QoWC)**

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

ASSESSMENT OBJECTIVES ONE AND TWO

AO1	Assessment objective one = knowledge and <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** physiological approach to stress management (e.g. drugs, biofeedback). (3 marks)
- (ii) Give **one** strength of this physiological approach. (3 marks)

Marking Criteria

Candidates are likely to choose either drugs or biofeedback. Only an outline is required. For drugs this may include reference to different classes (benzodiazepines, beta-blockers) and how they work (BZs in the brain, beta blockers on the body). Outline of biofeedback should include recording of physiological measures and training in how to control these. Both drugs and biofeedback have well-documented strengths. Answers will vary in the level of detail provided, and candidates may be tempted to provide general reviews of the use of e.g. drugs, in stress management; credit can only be given for one strength. With drugs, speed, effectiveness against physiological symptoms and economy may all feature. With biofeedback, control of blood pressure and heart rate and effectiveness are likely to be mentioned. Mechanisms of action are not required and can only gain credit if explicitly justified as a strength.

Marking allocations

For outline of one approach

3 marks	Outline of one physiological approach is accurate and detailed For example, the candidate has referred to two classes of drugs and outlined how they work.
2 marks	Outline of one physiological approach is limited . It is generally accurate but less detailed . For example, the candidate has referred to a specific class of drugs and how they work.
1 mark	Outline of one physiological approach is basic, lacking detail and may be muddled and/or flawed . For example, the candidate simply refers to a class of drugs used in stress management.
0 marks	Identification of is inappropriate (for example, the candidate outlines a psychological approach) or the description is incorrect .

For one strength

3 marks	Outline of one strength is accurate and detailed . For example, the candidate details how drugs can provide rapid control over high blood pressure.
2 marks	Outline of one strength is limited . It is generally accurate but less detailed . For example, the candidate presents a less detailed account of how drugs can provide rapid control over high blood pressure.
1 mark	Outline of one strength is basic, lacking in details and may be muddled and/or flawed . For example, the candidate may offer only a basic statement that drugs can be rapidly effective.
0 marks	Outline of one strength is inappropriate (for example, the candidate refers to a psychological method) or the description is incorrect .

(b) Give **two** criticisms of Selye's General Adaptation Syndrome.

(3 marks + 3 marks)

Marking Criteria

As 'criticisms' can include positive comments, there are several accessible points candidates can raise in relation to the GAS. Selye's work represented the first systematic analysis of the physiological stress response and its relation to stress-induced illness. It is very much a response model of stress, ignoring cognitive factors and individual differences. Although his later work was with human participants, the early work was based on rats, and this can legitimately be seen as a limitation in terms of generalisability. Statement of criticisms should be straightforward, but answers will vary in terms of accuracy, understanding, and depth of detail. *Description* of the GAS will not receive marks unless used to illustrate a criticism e.g. his assumption that illness in stage 3 was due to depletion of resources rather than the pathological actions of hormones

Marking Allocation

For each criticism:

3 marks	Description of one criticism of Selye's GAS is accurate and detailed For example, the candidate has described the use of rats in his work and accurately explains why this limits generalisation.
2 marks	Description of one criticism of Selye's GAS is limited . It is generally accurate but less detailed For example, the candidate has described the use of rats in his work but given only a partially accurate account of why this limits generalisation.
1 mark	Description of one criticism of Selye's work is basic, lacking detail and may be muddled and/or flawed . For example, the candidate may simply refer to the use of rats in his work without further commentary.
0 marks	Description of one criticism of Selye's GAS of is inappropriate (for example, the candidate describes the GAS itself) or the description is incorrect .

(c) “There is now evidence from a number of different studies that factors in the workplace can be stressful.”

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

(18 marks)

Marking criteria

AO1 credit should be given for the description of relevant studies and/or models and theories concerning the workplace as a source of stress. **AO2** credit should be given for the evaluation of this material as it relates to the workplace as a source of stress.

Candidates can make use of studies or theories/models in answering this question, and there can be a depth/breadth trade-off. Lists of workplace stressors are acceptable as they are embedded in models of how such stressors lead to effects such as illness and absenteeism. More likely will be reference to some of the many accessible studies on stress in the workplace, such as Johansson’s sawmill, Marmot’s Whitehall study, and Czeisler’s analysis of the effects of shiftwork. If the role of ‘control’ is introduced, Langer and Rodin’s nursing home experiment could be made relevant, as could any of the many human and non-human animal studies. If candidates diversify into areas such as temperature and overcrowding, it is likely that they will introduce studies from other areas of psychology, such as heat and aggression and overcrowding in rats. Credit will depend on how successfully they explicitly link this range of material to workplace stress. If no explicit link is made, no credit can be given.

Evaluation can be of individual studies, in terms of methodology, ethics, or interpretation. Some natural experiments do not clearly distinguish separate factors (e.g. Johansson), while lab-based work lacks ecological validity. Many of the animal studies are highly unethical. Most work ignores individual differences in gender or personality that could affect responses to workplace stress. Commentary can involve broader approaches such as Cooper’s and the difficulty of obtaining clear experimental support. Evaluation can also be positive, emphasising the many results supporting a strong association between workplace stressors and illness and absenteeism.

Marking allocations**AO1**

6-5 marks	The description of research into the workplace as a source of stress is both accurate and detailed . For example, the candidate has accurately described research into workplace stress..
4-3 marks	The description of research into the workplace as a source of stress is limited . It is generally accurate but less detailed . For example, the candidate gives a limited description of research into workplace stress..
2-1 marks	The description of research into the workplace as a source of stress is basic, lacking detail , and may be muddled and/or flawed . For example the candidate gives a basic description of research into workplace stress..
0 marks	The description of research into workplace stress is inappropriate (for example, the candidate describes irrelevant research) or the description is incorrect .

AO2

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

2

Total for this question: 30 marks(a) Outline **two** ways in which gender may modify the effects of stressors. (3 marks + 3 marks)**Marking criteria**

Candidates are likely to focus on differences in physiological reactivity, such as heart rate and hormonal responses, differential use of social support networks, and perhaps the protective effect of female hormones and lifestyle differences. With physiological reactivity there are supporting studies (Frankenhaeuser, Stone etc) that could be quoted as a legitimate (but not necessary) aspect of the outline. With other effects the outline is likely to be fairly general, and to reach the top band answers must be psychologically-informed throughout, moving beyond anecdotal comment. This is likely to be an issue with answers focusing on differences in lifestyle, and some comment on why such differences should affect responses to stressors would be necessary to move beyond one mark.

Marking allocation

For each way:

3 marks	Outline of one way is accurate and detailed For example, the candidate describes differences in physiological reactivity, and adds detail of the systems involved, or describes supporting research findings.
2 marks	Outline of one way is limited . It is generally accurate but less detailed . For example, the candidate describes differences in physiological reactivity and gives some detail of the systems involved.
1 mark	Outline of one way is basic, lacking detail and may be muddled and/or flawed . For example, the candidate may simply state that there are differences in physiological reactivity.
0 marks	Outline of one way is inappropriate (for example, the candidate refers to personality rather than gender) or the description is incorrect .

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

Marking criteria

By now most candidates should be attuned to studies that specifically address the immune system (e.g. Kiecolt-Glaser) or without measuring immune function directly are clearly assessing its functions (e.g. Cohen). The problem will be candidates who present studies on stress and illness that relate to the immune system only in the most general sense. This could apply to most studies on stress and illness, such as the Executive Monkeys, Type A behaviour and cardiovascular disease etc. Given the specificity of the Specification it is reasonable to expect candidates to refer to the immune system, and those who do not explicitly link their study to immune function can receive a maximum of 2 marks. Procedures and findings are required, although not necessarily in perfect balance. Occasionally the distinction between findings and conclusions can be blurred, in which case the most generous interpretation should be made.

Marking allocations

6-5 marks	The description of procedures and findings of one research 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 procedures and findings of one research 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 procedures and findings of one research 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 procedures and findings of one research study is inappropriate (for example, the candidate has described a study not concerned with the immune system) or the description is incorrect .

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

Marking criteria

AO1 credit should be given for the outline description of one or more psychological approaches.

AO2 credit should be given for the selection of relevant strengths and weaknesses and appropriate commentary.

There are many methods of stress management and apart from drugs and biofeedback most could qualify as psychological (and even biofeedback could be justified, but this would require an explicit emphasis on the psychological components). There is no requirement for a comparison of strengths and weaknesses across methods for marks in the top band, although this would be creditable as part of the overall commentary and is likely to be present in answers in the higher **AO2** bands.

AO2 credit can be earned by statements of strengths and weaknesses as ‘appropriate selection of material’, rather than as **AO1** material. Further **AO2** credit can be earned by the assessment of the impact of strengths/weaknesses on particular methods, and/or by the relative strengths/weaknesses across different methods.

It would be legitimate for candidates to take the breadth/depth trade-off towards breadth rather than depth, covering a variety of approaches in less depth. **AO1** expectations in terms of detail would then need to be adjusted.

Candidates may introduce further theories/studies (e.g. physiological approaches) 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**. 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 one or more psychological approaches is both accurate and detailed . For example, the candidate has outlined all stages of both stress-inoculation and hardiness training, or provided a detailed outline of one approach.
4-3 marks	Outline of one or more psychological approaches is limited . It is generally accurate but less detailed . For example, the candidate outlines only some stages of both stress-inoculation and hardiness training, or provided a detailed outline of all stages of one approach.
2-1 marks	Outline of one or more psychological approaches is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate provides only an incomplete outline of either stress inoculation or hardiness training.
0 marks	Outline of one or more psychological approaches is inappropriate (for example, the candidate has outlined physiological approaches) or the description is incorrect .

AO2

12-11 marks	There is an informed commentary on the strengths and weaknesses of psychological approaches, 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 psychological approaches, 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 psychological approaches, but limited analysis of the relevant research. Material has been used in a reasonably effective manner.
6-5 marks	There is a basic commentary on the strengths and weaknesses of psychological approaches, with limited analysis of the relevant research. Material has been used in a reasonably effective manner.
4-3 marks	There is superficial commentary on the strengths and weaknesses of psychological approaches, and rudimentary analysis of the relevant research. There is minimal interpretation of the material used.
2-1 marks	Commentary on the strengths and weaknesses of psychological approaches is just discernible (for example, through appropriate selection of material). Analysis of the relevant research is weak and muddled . The answer may be mainly irrelevant to the problem it addresses.
0 marks	Commentary on the strengths and weaknesses of psychological approaches is absent or wholly irrelevant to the problem it addresses.

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

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

Marking criteria

It is likely that candidates will find (a) more problematical than (b), but the marking criteria are the same for both. The psychodynamic model refers to psychosexual stages, conflict, fixation, and defence mechanisms such as repression, displacement, and projection. The general emphasis on childhood (sexual) experiences would also be relevant. The biological model focuses on genetics, neurotransmitters and neuropathology as key elements in causing abnormality. It would be legitimate, though not required, for examples to be used to illustrate assumptions of the models. From experience, candidates are likely to include evaluative material and treatments, but these are not required and will not receive credit.

Marking allocations

For each model:

3 marks	Outline of one assumption is accurate and detailed . For example, the candidate provides accurate detail of how fixation may lead to later psychological problems.
2 marks	Outline of one assumption is limited . It is generally accurate but less detailed . For example, the candidate provides a less detailed outline of how fixation may lead to later psychological problems.
1 mark	Outline of one assumption is basic, lacking detail and may be muddled and/or flawed . For example, the candidate may provide only a brief reference to fixation and later psychological problems.
0 marks	Outline of one assumption is inappropriate (for example, the candidate refers to a model other than the psychodynamic or biological) or the description is incorrect .

(b) Describe the findings and conclusions of **one** study of the biological causes of bulimia **and/or** anorexia nervosa. (6 marks)

Marking criteria

Although part of the Specification, there are a restricted number of accessible studies in this area. However Kendler’s MZ/DZ twin study of bulimia is well known and is likely to be the popular response. It would be relevant for candidates to explain the differences between MZ and DZ twins as this is relevant to ‘conclusions’, but detail of e.g. the number of twins and how they were selected, would not be relevant. For the top band candidates should be able to quote the concordance rates with acceptable accuracy (23% for MZ twins and 9% for DZ twins). The basic and acceptable conclusion for top band answers is that the findings provide support for a genetic element in bulimia nervosa; better candidates may refer to the relatively small difference between MZ and DZ twins compared to, say, Holland’s study on anorexia, and that there is less evidence for a genetic contribution to bulimia than to anorexia. Alternative studies should be assessed on the degree to which they are ‘biological’ e.g. neurotransmitters and hormones, brain structure, and the extent to which they are research studies rather than general propositions.

Marking allocations

6-5 marks	The description of the findings and conclusions of one research study is both accurate and detailed . For example, the candidate has accurately described the findings and conclusions of Kendler’s MZ/DZ twin study, although not necessarily in the same amount of detail.
4-3 marks	The description of the findings and conclusions of one research study is limited . It is generally accurate but less detailed . Alternatively, description of <i>either</i> the findings <i>or</i> the conclusions is accurate and detailed .
2-1 marks	The description of the findings and conclusions of one research 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 findings and conclusions of one research study is inappropriate (for example, the candidate has described a study on anorexia nervosa) or the description is incorrect .

(c) Outline **two or more** attempts to define psychological abnormality and consider limitations associated with these attempts. (18 marks)

Marking criteria

AO1 credit should be given for the outline of attempts to define psychological abnormality.

AO2 credit should be given for the analysis of the limitations of these attempts and for overall commentary.

Candidates are usually well-prepared for questions on defining abnormality, especially describing the attempts. Discrimination is likely to be on how well they understand the differences between them in terms of limitations. From experience, statistical infrequency and deviation from social norms are often confused, and although specific limitations, such as ‘ignoring desirability of behaviour’, are applied appropriately, more general limitations such as cultural relativism are often poorly understood. Better candidates will probably use examples to clarify their answers.

AO2 material can include the selection and description of limitations under the ‘appropriate selection of material’ criterion. Overall comparison of definitions is not required for marks in the top band, but would count as high level commentary if presented.

Although unlikely, there is a partial performance penalty for this question. Answers presenting only one definition can receive a maximum of 4 marks for Skill Domain AO1 and 8 marks in Skill Domain AO2.

Marking allocations

AO1

6-5 marks	Outline of two or more definitions is both accurate and detailed . For example, the candidate has described both deviation from social norms and deviation from ideal mental health with accuracy and detail and effective use of examples.
4-3 marks	Outline of two or more definitions is limited . It is generally accurate but less detailed . For example, the candidate has described both deviation from social norms and deviation from ideal mental health with some lack of detail and less effective use of examples. Alternatively, outline of one definition is accurate and detailed (i.e. <i>partial performance</i>).
2-1 marks	Outline of two or more definitions is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate provides only a muddled account of two or more definitions. Alternatively, outline of one definition is limited, generally accurate, but less detailed (i.e. <i>partial performance</i>).
0 marks	Outline of two or more definitions is inappropriate (for example, there is no appropriate reference to definitions of abnormality) or the outline is incorrect .

AO2

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

4

Total for this question: 30 marks

(a) (i) Explain what is meant by the “failure to function adequately” definition of abnormality. <i>(3 marks)</i>
(ii) Give one limitation of this definition. <i>(3 marks)</i>

Marking criteria

Answers here will vary in the level of detail provided. General statements on failure to function adequately are unlikely to move out of the 1 mark band, as largely uninformed. Detail can be provided in terms of examples, and better candidates should be aware of systematic approaches such as Rosenhan and Seligman, who list specific criteria such as maladaptiveness, unconventionality, unpredictability, irrationality, and personal distress. Limitations include value judgements on what actually constitutes a failure to function adequately, the problem of distinguishing between acceptable eccentricity and failure to function adequately, and the fact that in schizophrenia, for instance, the person does not necessarily accept that they are not functioning adequately. Cultural relativism is also an issue.

Even if part (i) is not answered or answered incorrectly, the phrasing of the question allows candidates to earn marks in part (ii) for relevant limitations of the failure to function adequately definition.

Marking allocations

Definition:

3 marks	Outline of the failure to function adequately definition of abnormality is accurate and detailed . For example, the candidate provides an accurate definition and makes effective use of examples.
2 marks	Outline of the failure to function adequately definition of abnormality is limited . It is generally accurate but less detailed . For example, the candidate provides an accurate outline but with less effective use of examples.
1 mark	Outline of the failure to function adequately definition of abnormality is basic, lacking detail and may be muddled and/or flawed . For example, the candidate may offer only a basic and muddled definition.
0 marks	Outline of the failure to function adequately definition of abnormality is inappropriate (for example, the candidate refers to alternative definitions) or the description is incorrect .

Limitation:

3 marks	Outline of one limitation is accurate and detailed . For example, the candidate accurately outlines the possible confusion between eccentricity and failure to function adequately.
2 marks	Outline of one limitation is limited . It is generally accurate but less detailed . For example, the candidate outlines with less clarity and accuracy the possible confusion between eccentricity and failure to function adequately.
1 mark	Outline of one limitation is basic, lacking detail and may be muddled and/or flawed . For example, the candidate may offer only a basic and muddled account of the possible confusion between eccentricity and failure to function adequately.
0 marks	Outline of one limitation is inappropriate (for example, the candidate outlines a limitation of an alternative definition) or the description is incorrect .

(b) Describe assumptions of the cognitive model in relation to the treatment of abnormality.
(6 marks)

Marking criteria

The cognitive model locates abnormality in irrational and maladaptive thought processes, and treatment is aimed at replacing the maladaptive thoughts with more realistic ones. This is done by examining with the client instances of faulty interpretations of events, examining the evidence, suggesting more realistic interpretations, and providing new thinking strategies. Candidates could use examples, such as Beck's negative triad, effectively, and although unlikely, systematic approaches such as Ellis's rational-emotive therapy would be relevant. Reference to maladaptive thoughts as the cause of abnormality would be creditable as part of the background to the answer, but further detail on causes would not receive marks unless explicitly linked to treatments.

Marking allocations

6-5 marks	The description of assumptions of the cognitive model is both accurate and detailed . For example, the candidate describes the need to identify irrational thoughts and to replace them with more realistic interpretations, making effective use of examples.
4-3 marks	The description of assumptions of the cognitive model is limited . It is generally accurate but less detailed . For example, the candidate describes the need to identify irrational thoughts and to replace them with more realistic interpretations, but with less effective use of examples.
2-1 marks	The description of assumptions of the cognitive model is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate provides only a basic and muddled account of irrational thoughts and the need to change them.
0 marks	The description of assumptions of the cognitive model is inappropriate (for example, the candidate refers to another model of abnormality) or the description is incorrect .

(c) “Evidence suggests that eating disorders can be caused by both psychological and biological factors.”

To what extent do biological approaches successfully explain eating disorders? (18 marks)

Marking criteria

AO1 credit should be given for the description of research (theories and/or studies) relevant to biological models of eating disorders.

AO2 credit should be given for the analysis of this material and its effective use in considering the extent to which biological approaches successfully explain eating disorders.

By now most candidates are very well prepared for questions on eating disorders, and discrimination is likely to be on how well they use the material. **AO1** content could include a variety of biological hypotheses and findings, including MZ/DZ twin studies, hypothalamic feeding/satiety centres, brain serotonin levels, infections etc. **AO2** marks could be earned by evaluating individual studies, such as the less than 100% concordance rates in MZ twins, or by considering hypotheses and the lack of research evidence for e.g. hypothalamic models. Further **AO2** credit can be earned by general commentary on the nature of eating disorders; for instance the need to explain the gender bias and age of onset, or their probable multifunctional nature.

Candidates are likely to introduce alternative psychological models such as social learning/media influences, psychodynamic (Freud, Bruch) or family systems approaches (Minuchin). These can earn **AO2** marks if used effectively to evaluate the effectiveness of biological models rather than simply being described. In the latter case they may count as ‘just discernible AO2’ via selection of appropriate material.

Description of symptoms of anorexia and bulimia nervosa can only earn **AO1** marks if explicitly embedded in description/evaluation of models e.g. amenorrhoea could be relevant to psychodynamic approaches, while weight loss may indicate biological abnormalities.

Marking allocations

AO1

6-5 marks	The description of research relevant to biological models of eating disorder is both accurate and detailed . For example, the candidate outlines a range of models (e.g. genetic, hypothalamic) with relevant research evidence.
4-3 marks	The description of research evidence relevant to biological models of eating disorders is limited . It is generally accurate but less detailed . For example, the candidate outlines a number of models but with less detail and with less research evidence.
2-1 marks	The description of research relevant to biological models of eating disorders is basic, lacking detail and may be muddled and/or flawed . For example, the candidate provides only a muddled account of models and relevant evidence.
0 marks	The description of research relevant to biological models of eating disorders is inappropriate or the description is incorrect .

AO2

12-11 marks	There is an informed commentary on the effectiveness of biological approaches in explaining eating disorders 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 effectiveness of biological approaches in explaining eating disorders 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 effectiveness of biological approaches in explaining eating disorders, but limited analysis of the relevant research. Material has been used in a reasonably effective manner.
6-5 marks	There is a basic commentary on the effectiveness of biological approaches in explaining eating disorders, with limited analysis of the relevant research. Material has been used in a reasonably effective manner.
4-3 marks	There is superficial commentary on the effectiveness of biological approaches in explaining eating disorders, and rudimentary analysis of the relevant research. There is minimal interpretation of the material used.
2-1 marks	Commentary on the effectiveness of biological approaches in explaining eating disorders is just discernible (for example, through appropriate selection of material). Analysis of the relevant research is weak and muddled . The answer may be mainly irrelevant to the problem it addresses.
0 marks	Commentary on the effectiveness of biological approaches in explaining eating disorders is absent or wholly irrelevant to the problem it addresses.

ASSESSMENT GRID

Question	Part	AO1	AO2	AO3
1	(a)	6	-	-
	(b)	6	-	-
	(c)	6	12	-
Total for Q.1		18	12	-
2	(a)	6	-	-
	(b)	6	-	-
	(c)	6	12	-
Total for Q.2		18	12	-
3	(a)	6	-	-
	(b)	6	-	-
	(c)	6	12	-
Total for Q.3		18	12	-
4	(a)	6	-	-
	(b)	6	-	-
	(c)	6	12	-
Total for Q.4		18	12	-
QoWC		2	-	-
Total for unit		38	24	-
% weighting AS		20.4	12.9	
% weighting A Level		10.2	6.5	